

CLIENT WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

SOUTHERN STYLE CROSSFIT

RELEASE FROM LIABILITY AND ASSUMPTION OF RISK (ADULT)

PLEASE READ CAREFULLY, COMPLETE, AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I, the undersigned member have applied to SOUTHERN STYLE CROSSFIT based exercise training program (the "Program") at SOUTHERN STYLE CROSSFIT, 275 Mchann Road ADDISON, ALABAMA 35540

* I hereby acknowledge that I should consult with my physician before beginning any exercise program.

* I certify that I am not aware of any medical condition which would render me unfit to participate in any exercise program and that I will inform SOUTHERN STYLE CROSSFIT immediately of any change in my medical condition.

* I agree that if I experience symptoms such as shortness of breath, chest pain, unusual fatigue, dizziness or fainting, or extreme pain, whether or not I am under the direct supervision of my trainer, I will immediately stop exercising and inform a representative of SOUTHERN STYLE CROSSFIT of my symptoms.

* I authorize any representative of SOUTHERN STYLE CROSSFIT to obtain emergency medical treatment for me, including transportation to a hospital or other medical facility.

* I UNDERSTAND AND ACKNOWLEDGE THAT THERE ARE RISKS INHERENT IN ANY EXERCISE PROGRAM INCLUDING BUT NOT LIMITED TO HEART ATTACK, STROKE, ORTHOPEDIC INJURY, INJURIES CAUSED BY THE USE OF EXERCISE EQUIPMENT AND OTHERS. THESE INJURIES CAN OCCUR SUDDENLY AND WITHOUT WARNING, AND MAY RESULT IN DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS TRAINING PROGRAM WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS ABOVE.

* FOR AND IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THE PROGRAM, I, FOR MYSELF AND FOR MY HEIRS, BENEFICIARIES, AND PERSONAL REPRESENTATIVES, HEREBY RELEASE AND FOREVER DISCHARGE SOUTHERN STYLE CROSSFIT AND ITS DIRECTORS, OFFICERS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS, ATTORNEYS, INSURERS, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, "SOUTHERN STYLE CROSSFIT PARTIES"), FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, LIABILITIES, RIGHTS, ACTIONS, CAUSES OF ACTION, EXPENSES, AND SUITS OF ANY KIND WHATSOEVER, FORESEEN OR UNFORESEEN, FOR PERSONAL INJURY, WRONGFUL DEATH, DAMAGE TO PROPERTY, OR OTHERWISE RESULTING FROM MY PARTICIPATION IN THE PROGRAM AND/OR THE ACTS OF OMISSIONS OF ANY OF SOUTHERN STYLE CROSSFIT PARTIES, INCLUDING ANY AND ALL NEGLIGENT ACTS, WHETHER ACTIVE OR PASSIVE, IRRESPECTIVE OF WHETHER SUCH INJURIES, DEATH, OR DAMAGES OCCURE DURING TRAINING OR THEREAFTER.

* I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AT LEAST 18 YEARS OF AGE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SOUTHERN STYLE CROSSFIT AND I SIGN IT OF MY OWN FREE WILL.

☐ I agree to these terms.

Do you have any injuries that bother you? *

☐ Yes ☐ No

How did you hear about Southern Style CrossFit? *

Have you ever done CrossFit, if Yes how long? *

☐ Yes ☐ No

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures