

## FFTC WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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### WAIVER OF LIABILITY AND COVENANT NOT TO SUE

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I [athfirstname], acknowledge that I have voluntarily elected to participate in FIT FOR THE CROSS workouts operated by FIT FOR THE CROSS.

I am aware that there are significant risks involved in all aspects of physical training. These risks include but are not limited to falls, which can result in serious injury or death, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks might result in serious injury or death to myself and/or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while attending FIT FOR THE CROSS. I also understand that strength; flexibility and cardiovascular exercise, including the use of equipment are potentially hazardous activity. I am aware and understand that fitness activities involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, serious disability, and serious injury to all bones, joints and muscles and that I am voluntarily participating in these activities and using equipment and machines with full knowledge, understand and appreciation of the dangers involved.

**Initial here:**

I further agree to declare myself physically fit and capable with suffering from no condition, disease, infirmity, impairment, or other illness that would prevent my participation or use of equipment. I acknowledge that I have either had a physical examination and have been cleared by my physician to participate, or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician in said activities, programs and use of equipment.

**Initial here:**

**(IF PARTICIPANT IS A MINOR PARENT/LEGAL GUARDIAN MUST INITIAL )** Further, I agree not to hold responsible Cornerstone Christian Fellowship Church, FIT FOR THE CROSS or any of the instructors, coaches, volunteers, or agents involved with FIT FOR THE CROSS in case of any and all present and future claims, liabilities, and demands for property damage, personal injury, illness, wrongful death or other damage or costs or expenses arising as a result of, or in connection with, my participation in the program. I agree NOT to sue FIT FOR THE CROSS or others stated above in (including Cornerstone Christian Fellowship Church) in connection with any such injury or damage as stated above. I hereby voluntarily waive any and all claims, present and future that may be made by me, my family, estate, heirs, assigns or others acting on my behalf and assume all risks arising from the program.

**Initial here:**

**(IF PARTICIPANT IS A MINOR PARENT/LEGAL GUARDIAN MUST INITIAL )** I hereby grant permission to the employees and/or representatives of FIT FOR THE CROSS to authorize and obtain medical care for the named participant from any licensed physician, hospital, or medical clinic should the named participant become injured and/or ill while participating in the routines, unable to consent and/or when neither parent or legal guardian is available to grant authorization for emergency treatment. I also hereby assume all risks and hazards incidental to participation at FIT FOR THE CROSS and agree to accept any and all risks of injury and/or death as a result of the named participant's involvement in these routines.

**Initial here:**

**(IF PARTICIPANT IS A MINOR PARENT/LEGAL GUARDIAN MUST INITIAL )** I hereby grant FIT FOR THE CROSS permission to use my likeness in any and all of

its publications and in any and all other media such as website, Facebook, local newspaper, etc., whether now known or hereafter existing, controlled by FIT FOR THE CROSS, in perpetuity, and for other use by FIT FOR THE CROSS. I will make no monetary or other claim against FIT FOR THE CROSS or Cornerstone Christian Fellowship Church for the use of my likeness.

Initial here:

I have read and understood the foregoing and I understand that by checking I agree it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by me. I understand that by checking I agree on this form, I am waiving valuable legal rights.

☐ I agree to these terms.

Current Activity Level: (0-3=low, 4-6=mid, 7-10=high) \*

No answers to show...

Current Activities / Hobbies / Sports? (If none, type N/A) \*

Primary Goals for joining? \*

Who referred you or how did you find out about Fit For the Cross? \*

Current Injuries / Symptoms / Concerns? (If none, type N/A) \*

Do you have any previous serious injuries? \*

☐ Yes ☐ No

If yes, list all (If no, type N/A)

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**Have you ever been diagnosed with or had/have the following? (check all that apply) \***

No answers to show...

**Others not listed above? (If none, type N/A) \***

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**Have you ever had surgery? \***

☐ Yes ☐ No

**If yes, please explain (If no, type N/A)**

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**Do you ever experience any of the following? (check all that apply) \***

No answers to show...

**Do you smoke or you quit within the last 6 months? SEP \***

☐ Yes ☐ No

**Do you have known heart, vascular, lung, liver, kidney or thyroid disease? \***

☐ Yes ☐ No

**If yes, please explain (If no, type N/A)**

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**Do you have a sedentary (much sitting and little physical exercise) lifestyle? \***

☐ Yes ☐ No

**Are you or could you be pregnant? \***

☐ Yes ☐ No

**Do you take medications, ephedrine's or any type of vitamins / supplements? \***

☐ Yes ☐ No

**If yes, list all (If no, type N/A)**

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Are you currently under medical care/supervision? \*

☐ Yes ☐ No

If yes, please explain (If no, type N/A)

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Sign your name below:

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Please read the [Electronic Records and Signature Disclosure](#)  
☐ I agree to use electronic records and signatures