

LIABILITY WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

RELEASE OF LIABILITY

CLIENT'S ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF CROSSFIT NOW: CLIENT acknowledges that the personal training/nutritional service programs purchased hereunder includes participation in strenuous physical activities, including, but not limited to, running, weight training, stationary bicycling, gymnastic movements, various aerobic conditioning machinery and various nutritional programs offered by CrossFit Now (THE "PHYSICAL ACTIVITIES"). client ACKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVE THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEAT Exhaustion, KNEE/LOWER BACK/FOOT INJURIES AND any OTHER ILLNESS, SORENESS, OR INJURY, HOWEVER CAUSED, OCCURRING DURING OR AFTER CLIENT'S PARTICIPATION IN THE PHYSICAL ACTIVITIES. client FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A client, SLIP AND FALL BY client, OR AN UNKNOWN HEALTH PROBLEM OF client.

client AGREES TO ASSUME ALL RISK AND RESPONSIBILITY arising from PARTICIPATION IN THE PHYSICAL ACTIVITIES. client AFFIRMS THAT client IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. client ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND client AGREES THAT IT IS THE RESPONSIBILITY OF client TO SEEK COMPETENT MEDICAL ADVICE REGARDING ANY CONCERNS OR QUESTIONS concerning THE ABILITY OF client TO TAKE PART IN CROSSFIT NOW PHYSICAL ACTIVITIES. BY SIGNING THIS AGREEMENT, client affirms THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. client AGREES TO ASSUME ALL RISK AND RESPONSIBILITIES FOR EXCEEDING HIS OR HER PHYSICAL LIMITS.

client, ON BEHALF OF client, HIS OR HER HEIRS, ASSIGNS AND NEXT OF KIN, waives any claims against and RELEASES CROSSFIT NOW (AS WELL AS ANY OF ITS OWNERS, EMPLOYEES, OR OTHER AUTHORIZED AGENTS, INCLUDING INDEPENDENT CONTRACTORS) FROM ANY AND ALL LIABILITY, CLAIMS AND/OR causes of action THAT client MAY HAVE FOR INJURIES or OTHER DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO PUNITIVE DAMAGES, ARISING OUT OF PARTICIPATION IN CROSSFIT NOW ACTIVITIES, INCLUDING, BUT NOT LIMITED TO THE PERSONAL TRAINING/NUTRITIONAL PROGRAMS AND THE PHYSICAL ACTIVITIES.

☐ I agree to these terms.

Below is a Health Questionnaire that will help us understand your medical and fitness history *

No answers to show...

Do you smoke?

☐ Yes ☐ No

Do you drink coffee or soda?

☐ Yes ☐ No

Do you regularly exercise now?

☐ Yes ☐ No

If Yes, how often? If No, when was the last time?

Do you participate in any sport or recreational activity?

☐ Yes ☐ No

If so, what are they

Do you have high blood pressure?

☐ Yes ☐ No

Do you have high cholesterol?

☐ Yes ☐ No

Do you have epilepsy or are prone to seizures?

☐ Yes ☐ No

Do you have a cardiac condition?

☐ Yes ☐ No

Do you have diabetes?

☐ Yes ☐ No

Do you have asthma?

☐ Yes ☐ No

Have you lost consciousness or fell over as a result of dizziness?

☐ Yes ☐ No

Have you ever been told by a physician to avoid any type of exercises?

☐ Yes ☐ No

List any other health concerns/conditions/surgeries that we should be aware of

Sign your name below:

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