

## ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

### Express Assumption of Risk:

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 may result in serious injury or death to myself and/or my partner(s). I affirm that I have read the article on rhabdomyolysis that is on the bulletin board. 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 at CrossFit Atlanta. I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

**Initial here:**

### RELEASE:

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at CrossFit Atlanta, I hereby release CrossFit Atlanta, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, the remainder of the agreement shall remain in full force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected CrossFit Atlanta to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

**Initial here:**

### Images:

I understand CrossFit Atlanta takes pictures and movies for use on their website, social media outlets, and select promotional or educational materials.

**Initial here:**

### INDEMNIFICATION:

I recognize that there is a risk involved in the types of activities offered by CrossFit Atlanta. I therefore accept financial responsibility for any injury that I may cause either to myself or to others. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement. I will reimburse them for such fees and costs. I agree to indemnify and hold harmless CrossFit Atlanta, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by CrossFit Atlanta.

### ACCEPTANCE:

I have read and understood the foregoing and I understand that by signing 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 signing this form I am waiving valuable legal rights.

**Initial here:**

☐ I agree to these terms.

**Please select item below that best describes you. \***

No answers to show...

**Do you know of any reason why you should not engage in physical activity? \***

☐ Yes ☐ No

**Any injuries, recent surgeries, or other health considerations that we should know about? \***

☐ Yes ☐ No

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**Sign your name below:**

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

☐ I agree to use electronic records and signatures