

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Down Home CrossFit (DHCF) recommends that you clear your participation in any exercise program with your physician. The protocols of this program will involve you in relatively high intensity workouts and it is important you understand the following: I agree to participate in physical training sessions instructed by CrossFit certified instructors affiliated with DHCF. I am totally aware these fitness sessions are of a nature and kind that can at times be extremely strenuous and will push me to the limits of my physical abilities.

I recognize and understand that these training sessions are not without varying degrees of risk, which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems, which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use of failure of equipment, or injury or death due to a medical condition, whether known or unknown by me.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in any DHCF program and accept full responsibility for any injury or death that may result from my participation.

I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by DHCF. I understand there exists the possibility of adverse physical changes during an exercise program. I fully understand that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death. I understand that certain prescribed medications may exacerbate these physiological changes and create an even greater risk of physical damage or death. With my full understanding of the above information, I agree to assume any and all risks associated with my participation in any DHCF program.

Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by DHCF and with my full understanding of all of the above, I hereby waive, release, remise and discharge Sunny Salzman owner of CloughFit, LLC dba Down Home CrossFit, its agents, partners, employees, contractors and volunteers of any and all liability, claims, demands, action or right of actions, or damages of any kind related to, arising from, or in any way connected with, my participation in any DHCF program.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give permission to administer first aid, 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.

Indemnification:

I recognize there is risk involved in the types of activities offered by DHCF. Therefore, I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Sunny Salzman, CloughFit, LLC dba Down Home CrossFit, their partners, 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 DHCF.

I have fully read and fully understood the foregoing assumption of risk, and release of liability 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 my neglect or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Initial here:

:_ I am fully aware these fitness sessions are of a kind and nature that are at times extremely strenuous and will push me to the limits of my physical abilities.

Initial here:

:_ I understand that I am voluntarily participating in these activities entirely at my own risk and assume all risks of injury.

Initial here:

: I understand that membership and prepaid sessions are not transferable.

Initial here:

: I understand that I will occasionally be photographed while at DHCF. I understand I am not due compensation and that DHCF has the right to publish these pictures. Children under the age of 18 will not have pictures published without parent's consent. Children 10 and under will not be photographed.

☐ I agree to these terms.

1. Has your doctor ever stated that you have an abnormal heart condition? *

☐ Yes ☐ No

2. Do you, or have you ever had pain in your heart or chest? *

☐ Yes ☐ No

3. Do you tend to lose consciousness or fall as a result of dizziness? *

☐ Yes ☐ No

4. Do you have high blood pressure? *

☐ Yes ☐ No

5. Do you have a bone or joint condition that could be aggravated by exercise? *

☐ Yes ☐ No

6. Have you had or are planning on having any surgeries? *

☐ Yes ☐ No

7. Do you suffer from exercise induced asthma? *

☐ Yes ☐ No

8. Has your doctor prescribed drugs for blood pressure, cholesterol, or a heart condition? *

☐ Yes ☐ No

9. Do you have any other medical or physical limitations you would like us to know about? *

☐ Yes ☐ No

10. Have you ever done CrossFit before?

☐ Yes ☐ No

How long and where?

11. In you answered Yes to any of the above questions please provide us with additional information below.

☐ Yes ☐ No

Information:

13.Are you under the age of 18?

☐ Yes ☐ No

If yes, how old?

Sign your name below:

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