

# ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

1. In consideration of being allowed to participate in personal fitness assessments, training activities and programs of Xcel Now, Inc. dba CrossFit San Ramon, it's officers, instructors, affiliates and executors and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Xcel Now, Inc. dba CrossFit San Ramon, it's officers, instructors, affiliates and executors and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Xcel Now, Inc. dba CrossFit San Ramon, it's officers, instructors, affiliates and executors or the use of any equipment at various sites, including home, provided by and/or recommended by Xcel Now, Inc. dba CrossFit San Ramon it's officers, instructors, affiliates and executors.

**Initial here:**

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

**Initial here:**

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

**Initial here:**

4. I understand that Xcel Now, Inc. dba CrossFit San Ramon, its officers, instructors, affiliates and executors providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.

**Initial here:**

5. I am signing the foregoing document for myself **or on behalf of a minor child** of whom **I am the parent and/or legal guardian of the child and have authority to execute this document on behalf of the child**. I also give full permission for any person connected with CrossFit San Ramon to administer first aid to myself or said child, as and to the extent deemed necessary, and in case of potentially serious illness or injury, I give CrossFit San Ramon permission to call for medical and or surgical care for myself or the child, and to transport and/or authorize transportation of myself or the child to a medical facility.

**Initial here:**

I agree to these terms.

**Sign your name below:**

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

I agree to use electronic records and signatures

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