

# ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

---

## Waiver and Release of Liability

CrossFit Mettle and Honor

351 Airport Drive

Joliet, Illinois 60431

**Express assumption of risk:** I, the undersigned, am aware that there are significant risks involved in any physical training regimen. These risks include, but are not limited to: falls 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 or failure of equipment. ***Injury may also result simply from the fact of physical training itself. By its very nature, physical training seeks to have me push beyond my limits in order to produce a physical adaptation by my body. This requires feedback from me to my trainer regarding what is happening with my body. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout.***

Initial here:

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 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 training with CrossFit Mettle and Honor, either at the main facility or other locations.

**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 Mettle and Honor, I, the undersigned hereby release CrossFit and CrossFit Mettle and Honor, 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, 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 full permission for any person connected with CrossFit Mettle and Honor 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:

**Photography/Video Release:** I hereby grant CrossFit Mettle and Honor permission to use my photograph/video image in any and all publications for CrossFit or Wodify, including website and social media entries, without payment or any other consideration in perpetuity. I hereby authorize CrossFit Mettle and Honor to edit, alter, copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge CrossFit Mettle and Honor from all claims, demands, and causes of action which I, my heirs, representative, executors, administrators, or any other persons acting on my behalf or on behalf of my estate which may have or may have by reason of this authorization.

Initial here:

**Indemnification:** The participant recognizes that there is risk involved in the types of activities offered by CrossFit. Therefore the participant accepts financial

responsibility for any injury that 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 and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CrossFit and CrossFit Mettle and Honor, 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.

**Initial here:**

Questionnaire: I, the undersigned, have read, understood, and have answered the questionnaire fully and truthfully. I am aware of my responsibilities to consult with my personal physician regarding my medical fitness to engage in exercise. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the training facility and the fitness trainer/coach administering the exercise and/or nutritional program provided to me.

**Initial here:**

**I have read and 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 negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.**

I agree to these terms.

**Do you smoke?**

Yes  No

**Do you drink alcohol?**

Yes  No

**Do you regularly exercise now?**

Yes  No

**If yes, how often, if no, when was the last time?**

**Do you take prescription medicine?**

Yes  No

**If yes, what conditions are they prescribed for?**

**Do you take over the counter medicines?**

Yes  No

**If yes, please list**

---

---

---

---

**Do you take herbal or nutritional supplements?**

Yes  No

**If yes, please list**

---

---

---

---

---

**Do you participate in any sports?**

Yes  No

**If yes, are they recreational or competitive and please list**

---

---

---

---

---

**Do you have back pain, knee pain, or shoulder pain? \***

Yes  No

**Do you have high blood pressure? \***

Yes  No

**Do you have high cholesterol? \***

Yes  No

**Are you epileptic or prone to seizures? \***

Yes  No

**Do you have a cardiac condition? \***

Yes  No

**Do you have asthma?**

Yes  No

**Do you have diabetes? \***

Yes  No

**Do you have stiff, swollen, or painful joints?**

Yes  No

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

Yes  No

**Have you had any broken bones or joint injuries?**

Yes  No

**If so, please explain**

---

---

---

---

---

**Have you had any surgeries?**

Yes  No

**If so, please explain**

---

---

---

---

---

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

Yes  No

**List any other health concerns or conditions that you have.**

---

---

---

---

---

**What do you want to accomplish by training at CFMH? Lose weight? Improve performance? Increase strength? Get healthy? Look great at the beach? etc.**

---

---

---

---

---

**Sign your name below:**

---

---

---

---

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

I agree to use electronic records and signatures