

CROSSFIT 574 ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Waiver of Liability and Agreement of Terms to Participate in Activities at CrossFit 574

Release of Liability:

In consideration of being allowed to participate in CrossFit 574 programs, related events and activities, I warrant and represent that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise or activity that will be detrimental or inimical to my health, safety, or physical condition. If I do so engage or participate, I furthermore acknowledge, appreciate, and agree that 1) the risk of injury from activities involved in this program is significant including the potential for permanent paralysis and death, and **while particular rules, equipment, and personal discipline can reduce this risk, the risk of serious injury does exist**; and, 2) **I knowingly and freely assume all such risk**, both known and unknown, even if arising from the negligence of the "releases" or others, and **assume full responsibility for my participation** _____

Initial here:

and, 3) I willingly agree to comply with the stated and customary terms and conditions for participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4) I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, hereby release and hold harmless the "releases" (meaning Crossfit 574, their trainers, officials, agents, it's landlord, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event), with respect to all and nay injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the "releases" or otherwise, to the fullest extent permitted by law, 5) I understand for my trainer to be fully effective in keeping me safe, **I should divulge any and all medical conditions** conceding they may play a role in my safety and the safety of others, if I knowingly participate without acknowledgement of such medical conditions, I take full responsibility for the risk of injury or death. _____

Initial here:

6) Finally seeking counsel from trainers and not doing more weight loading than I should as defined by my trainers is the best way to minimize risk of injury _____

Initial here:

Rhabdomyolysis: This condition is something that can occur in any sport at any time under the right circumstances. Although it is rare, it tends to happen most often statistically in distance runners. CrossFit athletes can be at risk if they try to do more work especially in their intial first few weeks than they have been acustom to doing. Rhabdo can also occur when you work your large muscle groups including, but not limited to glutes and hams, biceps and abdominal muscles in a large unconditioned volume over a short period of time. You can limit your risk of Rhabdo by staying well hydrated both before and long after your workouts daily. It is also vital that you pay attention to your body and not try to overdue work. You must always stop doing whatever causes you pain during activity. Muscle soreness is a natural part of working out and building muscle mass when you train, but prioritizing form and stability over speed and poor movement patterns will help prevent not only Rhabdo but injury of all kinds. I have all my questions answered regarding Rhabdomyolysis and wil continually be vigilant to limit or prevent my risk. I understand that it can occur at any time in my life given the correct set of circumstances. I understand that I need to hydrate well throughout the day to minimize risk. I understand if my urine changes to dark color or I experience muscle weakness or severe pain in combination, I should seek medical attention immediately. Rhabdo has been adequately explained to me _____

Initial here:

Financial Responsibility and Authorization:

I hereby acknowledge that I have read, understand, and agree to this membership agreement and the below release of liability. I also agree to give CrossFit 574 **10 days notice in writing** to terminate my membership and prevent subsequent withdrawals. I understand FAILURE to do this will forfeit the billed month's payment and is **nonrefundable**. _____

Initial here:

I understand my first month is non refundable. _____

Initial here:

Athlete Signature

☐ I agree to these terms.

Are you any of the following?

No answers to show...

Do you have a CrossFif Level 1 Trainer Certification?

☐ Yes ☐ No

Sign your name below:

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

☐ I agree to use electronic records and signatures