## ATHLETE WAIVER

	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
Waiver of Liability			
		ercise, cardiovascular, and weight training ribed as the "Center"), I hereby certify, co	
- · ·	and participate in all activities at the	participate in exercise and fitness activities ne Center at my own pace and at my ow	•
		s & Wellness LLC, dba Cossfit Cape Coc g the effect of any specific exercise on any	
- ·	=	emergency, as determined at the sole disc sible for any medical costs or expenses wh	
I acknowledge that I have read and comply with these Rules and Regulation  Initial here:		egulations governing the use and hours of me to time.	operation of the Center. I agree to fi
damage to my personal property. I harmless Owner and Manager and damage, expense, claim, or suit wh	agree to assume all risk of such inj any officers directors, shareholders natsoever for any and all injury, loss	activities there is a possibility of accidenta ury or loss of or damage to my property, a s, partners, employees, personnel, or age s, illness, harm, cost, expense, claim, suit ess, harm, cost, expense, claim, suite or o	and further agree to indemnify and honts thereof from any liability, loss, co or damage resulting from or related
☐ I agree to these terms.			
Lagree to these terms.			
Vhat is your previous experience v	with exercise?		

now did you near about us?	
Sign your name below:	
	Please read the <u>Electronic Records and Signature Disclosure</u>
	☐ agree to use electronic records and signatures