

## CROSSFIT GRANDVIEW CONFIDENTIAL MEDICAL WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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### INFORMED CONSENT/ASSUMPTION OF RISK

I agree to participate in one or more physical fitness program(s)/class(es) sponsored by Crossfit Gahanna L.L.C. DBACrossfit Grandview/Grandview Barbell, which may include, but not necessarily be limited to, Boot camp, Crossfit Kids, Crossfit Training, and/or training of any kind by any affiliate, subsidiary or partnership of Crossfit Grandview/Grandview Barbell and/or Brandon Couden (hereinafter collectively referred to as Rogue Fitness). Rogue Fitness made me fully aware that the fitness programs/classes which Crossfit Grandview/Grandview Barbell offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical 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 or failure of equipment, or injury or death due to medical condition, whether known or unknown by me. I am aware that any of these abovementioned risks may result in serious injury or death to myself and/or my partner(s).

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Crossfit Grandview/Grandview Barbell programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as of participation in a fitness program designed by Crossfit Grandview/Grandview Barbell. Crossfit Grandview/Grandview Barbell informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. Crossfit Grandview/Grandview Barbell informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Crossfit Grandview/Grandview Barbell programs/classes.

### 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 Crossfit Grandview/Grandview Barbell, and with my full understanding of all of the above, I hereby waive, release, remise, and discharge Crossfit Grandview/Grandview Barbell and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in Crossfit Grandview/Grandview Barbell programs/classes, 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 Grandview/Grandview Barbell 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.

**Indemnification:** I recognize that there is risk involved in the types of activities offered by Crossfit Grandview/Grandview Barbell. 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 and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Rogue Fitness, their principals, agents, employees, and volunteers from liability or 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 Grandview/Grandview Barbell.

**Use of picture(s)/film/likeness:** I agree to allow Crossfit Grandview/Grandview Barbell, its agents, officers, principals, employees, and volunteers the picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Crossfit Grandview/Grandview Barbell of this in writing.

**Initial here:**

**I have fully read and fully understand 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.

Have you ever had any form of heart disease? \*

☐ Yes ☐ No

Have you ever experienced shortness of breath or chest pain? \*

☐ Yes ☐ No

Date of last full physical: \*

Do you have or do any of the following pertain to your health? If yes, please explain.

High blood pressure?

☐ Yes ☐ No

Levels:

Diabetes?

☐ Yes ☐ No

Type:

Family history of heart disease?

☐ Yes ☐ No

Who/Age:

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Do you have any problems in the following areas?

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Cigarette smoking?

☐ Yes ☐ No

Knees

☐ Yes ☐ No

Explain:

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Lower back

☐ Yes ☐ No

Explain:

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Neck/shoulders

☐ Yes ☐ No

Explain:

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Currently taking any medication?

☐ Yes ☐ No

Any other

☐ Yes ☐ No

Explain:

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**Hip/pelvis**

☐ Yes ☐ No

**Explain:**

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**Any other reason why you should not participate in exercise?**

☐ Yes ☐ No

**Do you work out at least three times a week? \***

☐ Yes ☐ No

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**Sign your name below:**

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