

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Agreement and Release of Liability

1. In consideration of being allowed to participate in the personal fitness training activities and programs of CrossFit Pendleton and to the use of it's facilities, equipment, and services in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge CrossFit Pendleton and their 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 to the use of any equipment at various sites, including home, provided by and/or recommended by CrossFit Pendleton. (Please initial_____)
2. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercises, including the use of equipment, are potentially hazardous activities. I also have been informed, 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 the 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. (Please initial_____)
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 or use of equipment or machinery. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that 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. (Please initial_____)
4. I understand that CrossFit Pendleton's provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgement, representation, or indication of my physiological well being, or medical opinion relating to thereto. (Please initial_____)

Agreed to this _____ day of _____, 20____.

Client's signature _____

By: _____ (Jay Hubble/CrossFit Pendleton)

CrossFit Pendleton

627 Falls Park Drive

Pendleton, IN 46064

765-635-9542

☐ 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