## **ATHLETE WAIVER**

Initial here:

| Full Name  | Email Address   |   | Gender   |
|--|---|---|--|
| Street Address   | City  | Province/Region   | Zipcode  |
|  |   |   |  |
| Country  | Date of Birth   |   |  |
| INFORMED CONSENT/ASSUMPTION OF RISK  |   |   |  |
| I,, agree but not necessarily be limited to, CrossFit Classes me fully aware that the fitness programs/classe strenuous and can/may push me to the limits of degrees of risk which may include, but are not injury or death, injury or death due to negligent failure of equipment, or injury or death due to a result in serious injury or death to myself and/or   | s, Personal Training, Group Fitn<br>s which Modern Athletics offe<br>my physical abilities. I the und<br>limited to the following: injury<br>ce on the part of myself, my<br>a medical condition, whether k | ers and in which I desire to participate are of<br>ersigned recognize and understand that the<br>of to the musculoskeletal and/or cardio respira<br>training partner, or other people around me,  | Modern Athletics. Modern Athletics mad<br>of a nature and kind that are extreme<br>programs/classes are not without varyin<br>atory systems which can result in seriou<br>, injury or death due to improper use of   |
| Initial here:  |   |   |  |
| I willingly assume full responsibility for any and all responsibility for any injury or death that may re problems that would increase my risk of illness of that there exists the possibility of adverse physic changes could include abnormal blood pressure understand the same. With my full understanding fitness programs/classes.   | esult from participation in any a<br>r injury as a result of participat<br>cal changes during an exercise<br>, fainting, disorder of heart r  | activity, class, or physical fitness program. I hion in a fitness program designed by Modern program, and I fully understand the same. No hythm, stroke, and in very rare instances,  | hereby certify that I know of no medic<br>Athletics. Modern Athletics informed m<br>Modern Athletics informed me that thes<br>heart attack or even death, and I fu   |
| Initial here:  |   |   |  |
| <b>RELEASE</b> : In full consideration of the above me activities made available by Modern Athletics, and its agents, officer, principals and employees and arising from, or in any way connected with my por omissions of the above mentioned parties. The any portion of this agreement in held invalid, I aminor child, I also give full permission for any pers I give permission to call for medial and/or surgical | I with my full understanding of volunteers, of any and all liab articipation in Modern Athletics is agreement shall be binding agree that the remainder of the conconnected with Modern At                  | all of the above, I hereby waive, release, relility, claims, demands, actions or rights of act fitness programs/classes, including those alle upon me, my successors, representatives, here agreement shall remain in full legal force at the company to the time administer first aid deemed necess. | mise, and discharge Modern Athletics and tion, or damages of any kind related to egedly attributed to the negligent action eirs, executors, assigns, or transferees. and effect. If I am signing on behalf of ary, and in case of serious illness or injur |
| Initial here:  |   |   |  |
| <b>INDEMNIFICATION</b> : I recognize that there is ris responsibility for any injury that I or any particip mentioned parties, or anyone acting on their be fees and costs. I further agree to indemnify and death of any person(s) and damage to property Athletics.  | ant may cause either to him/<br>half, be required to incur attor<br>d hold harmless Modern Athlet   | herself or to any other participant to due t<br>rney's fees and costs to enforce this agreem<br>tics, their principals, agents, employees, and  | o his/her negligence. Should the above<br>nent, I agree to reimburse them for suc<br>I volunteers from liability for the injury o  |

| T Lagrage to those torms  |  |
|---------------------------|--|
| ☐ I agree to these terms. |  |
| Sign your name below:     |  |
|                           | Please read the Electronic Records and Signature Disclosure  Tagree to use electronic records and signatures |
|                           |  |

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.