CRFF WAIVER OF LIABILITY			
Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
In consideration of my use of the exercise equip executors, administrators, successors and assigns, damages arising from personal injuries (including de facilities, regardless of whether such injuries result,	that the company and its insurath) sustained by me, or my gu	irers, employees, officers, direst in, on, or about the prem	ectors, and associates, shall not be liable for any
By the execution of this agreement, I accept and type, which may occur to me or my guest, and associates, from any and all claims, demands, dar anticipated, or unanticipated, resulting from or arising	I hereby fully and forever release mages, rights of action, or caus	se and discharge the compar ses of action, present or ful	ny, its insurers, employees, officers, directors, and
I expressly agree to indemnify and hold the compa entity, that may arise from injuries or damages sust	-	laims, demands, damages, rigi	hts of action, or causes of action, of any person o
I agree to be solely responsible for safety and we assistance for the use of the facilities and equipmen		f. I understand that the com	pany does not provide supervision, instruction, o
I agree to comply with all rules imposed by the commanner at all times, and to refrain from using any e		· · · · · ·	·
I understand and acknowledge that the use of exe	rcise equipment involves risk of s	erious injury, including permar	nent disability and death.
I understand and agree that the company is not re	sponsible for property that is lost	, stolen, or damaged while in,	on, or about the premises.
I understand and agree that my use of the facilit equipment is not within the course or scope of my		e undertaken on my own pe	ersonal time, and that my use of the facilities and
Initial here:			
In addition to the above, I also recognize and undin designated classes or attending the "open gym classes or "open gym" time slots and release the another person, any of the equipment or the facilit medical complications, bills or necessary treatment with someone at home who is sick, that I will not refuse entry or discontinue usage at any time if he staff should I contract the virus, immediately discontinue.	" time slots of contracting the vaccompany of all liability, including by itself. I understand that I choo should I contract the virus, both attend the gym, its classes or "elekhe suspects that I may be sich	virus. I understand the increat taking any legal action again se to participate at my own rinside or outside of the facilitopen gym" time slots. I also to or pose a risk to other indivi	sed risk of transmission should I choose to attended the company should I contract the virus from sk, and the company will not be responsible for any y. I also agree that if I am sick, feeling sick or living understand that the staff on site have the right to duals including the staff. I also agree to inform the
Initial here:			
I HAVE READ THE FOREGOING WAIVER AND F	RELEASE OF LIABILITY AND V	OLUNTARILY EXECUTED TH	IS DOCUMENT WITH FULL KNOWLEDGE OF ITS
Initial here:			

□ I agree to these terms.

☐ Yes ☐ No				
Do you understand you Waive all Liability of CaliRoots FitFusion should y ☐ Yes ☐ No	ou contract the virus on or off premises of the facility? *			
Do you agree that you are NOT feeling sick, are sick or living with someone who is sick? * ☐ Yes ☐ No				
Do you understand it is the right of the staff to deny entry or discontinuothers? *	ue usage of the facility should he/she deem you high risk to			
Sign your name below:				
	Please read the Electronic Records and Signature Disclosure agree to use electronic records and signatures			