

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

While participating in any exercise program there is a risk of injury. While every attempt is made to reduce the risk of accidents, sporting injuries are accepted as a fact of life to athletes of all kinds. If you do not wish to increase your risk of injury, do not participate in CrossFit or Tae Kwon Do Related Exercises.

Rhabdomyolysis: Apart from normal sporting injuries, high intensity exercise can run the risk of a condition called Rhabdomyolysis. Rhabdomyolysis is a relatively rare condition that must be recognized quickly and treated early. The name literally means striated (rhabdo) muscle (myo) disintegration (lysis). Rhabdomyolysis begins with muscle injury associated with a variety of causes. Muscle fibers break down, releasing their contents—potassium, creatine kinase, myoglobin, and urate—into the blood, where they eventually collect in and overload the kidneys. Renal failure, a potentially fatal condition, can be result. The following conditions have been implicated in the etiology of exertional rhabdomyolysis: hypokalemia, sickle-cell trait, dehydration, hangover, the use of statin drugs to control cholesterol, extreme heat or humidity, cocaine useage. Former athletes in a detrained condition seem to be at particular risk. Unlike novice athletes, they have the mental ability to force themselves to push to levels of intensity for which they may not be ready. Signs and Symptoms of Rhabdo include muscle weakness, nausea, persistent and extreme muscle soreness, discolored (tea-colored) urine. If you are displaying ANY of these symptoms after a workout, get to an emergency room immediately and ask for a creatine kinase test. Rhabdomyolysis is an uncommon condition and your physician may not be familiar with its presentation.

Indemnification: I recognize that there is risk involved in the types of activities offered by CrossFit Sunset Park or New York City Tae Kwon Do. Therefore I accept personal and 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 CrossFit Sunset Park or New York City Tae Kwon Do, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from any negligent or intentional act or omission while participating in activities offered by CrossFit Sunset Park or New York City Tae Kwon Do.

Initial here:

Use of picture(s)/film/likeness: I agree to allow CrossFit Sunset Park or New York City Tae Kwon Do its agents, officers, principals, employees and volunteers to take a 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 Sunset Park of this in writing.

Initial here:

Reservation of right to refuse service: I recognize that the owners of CrossFit Sunset Park have the right to refuse or terminate client membership at any time and for any reason.

Initial here:

I have 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.

Initial here:

☐ I agree to these terms.

Do you currently workout less than three times per week? *

☐ Yes ☐ No

Date of last full physical *

Have you ever had any form of heart disease? *

☐ Yes ☐ No

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

☐ Yes ☐ No

Do you have high blood pressure? *

☐ Yes ☐ No

Are you currently taking any medication? *

☐ Yes ☐ No

Do you have diabetes? *

☐ Yes ☐ No

Do you smoke? *

☐ Yes ☐ No

Do you have neck/shoulder problems? *

☐ Yes ☐ No

Do you have hip problems? *

☐ Yes ☐ No

Do you have knee problems? *

☐ Yes ☐ No

Do you have lower back problems? *

☐ Yes ☐ No

For any box checked yes, please explain below. Additionally, are there any other reasons you should not participate in exercise? *

☐ Yes ☐ No

Explain.

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures