	Email Address		Gender
Street Address	City	Province/Region	
			Zipcode
Country	Date of Birth		
Waiver - CrossFit Evexia			
LEASE NOTE: This waiver of Liability, Release, A	cknowledgement of Risk, and I	ndemnification Agreement ("Waiver Agree	ment") is intended to be, and is, lea
conding. If any aspect of this Waiver Agreement representation, you are agreeing to all terms set for any type of action, whether in court or oth accident or incident of any type, or death, arising equipment, whether the use is supervised or unsignisk of injury to persons using CrossFit Evexia. In a sufficient of the person for whom I am signing, that the uncrossFit Evexia have inherent risks. These risks incompleted in the contractors of CrossFit Evexia. Neglight walls, impact surface, floors, or anything exause whatsoever; failure of the climbing walls or climbers, visitors, or observers or persons who metalized the court of the climbing walls or climbers, visitors, or observers or persons who metalized the climbing walls or the climbers.	orth in this Waiver Agreement. Iterwise, to recover compensation of our related to your usupervised. While Brand CrossFit greeing to this Waiver Agreements of CrossFit Evexia, its facilities clude, but are not limited to, are ligent misuse of the facility, clires; rope abrasion, entanglement equipment, whether inside or content of the compensation.	You and/or the person on whose behalf you and/or the person on whose behalf you or obtain any other remedy for any person of CrossFit Evexia, its facilities, grounds Evexia offers these activities in a controlle int, I hereby acknowledge, understand, are, equipment, climbing walls, classes and/ony injury of damage resulting from: Negligenbing walls, or equipment of CrossFit Event or other activities occurring on the premoutside; personal health problems, whether	ou are signing, are waiving the right sonal injuries, damages to property, and climbing walls, exercise areas, classed environment, there is still an assumed agree on my behalf, and upon below participating in activities sponsored ence of employees, volunteer assistatives; falling off or impacting against sises; cuts or abrasions resulting from mental or physical; negligence of other sonal properties.
person(s) who seek to assist with medical or other		injury or damage may occur.	
 In consideration of being allowed to participe to the payment of any fee or charge, I, for agents, employees, representatives, executing any activities or my use of equipment, classing any others acting upon their behalf from a comission of any of those mentioned or other Evexia or the use of any equipment at Cross 2. I understand and am aware that, fitness, an activities involve a risk of injury or even deat the dangers involved. I hereby to expressly 3. I do hereby declare myself to be physically participation or use of equipment, climbing given my physician's permission to participat climbing wall and machinery without the apequipment and machinery in my activities. Photography/Video Release 	for myself, my heirs and assigns, cors and all others from any and asses, climbing walls or machinery any responsibility or liability for ers acting on their behalf or in an stift Evexia. Ind climbing including the use of the climbing including the use of the climbing assume and accept, any and all by sound and suffering from no wall or machinery except as here to, or that I have decided to proval of my physician and do lead to the component of the control of the climbing assume and accept.	hereby waive, release, and forever dischall, responsibilities or liability from injuries or in the above mentioned activities. I do he any injury or damage to myself, including my way arising out of or connected with mother equipment, are all potentially hazardous cicipating in these activities and using equipmisks of injury or death. condition, impairment, disease, infirmity, rein stated. I acknowledge that I have eith participate, in the activity of, fitness, and concereby assume all responsibility for my participate.	large CrossFit Evexia, and their office damages resulting from my participal ereby release all of those mentioned those caused by the negligent act y participation in any activities of Cross activities. I also understand that fitter ment and machinery with knowledge or other illness that would prevent her had a physical examination and be climbing and the use of the equipment icipation and activities, and utilization
use of these photographs and/or videos	without compensation, on the		,
I agree to these terms.			

	-
Sign your name below:	
	Please read the <u>Electronic Records and Signature Disclosure</u> ☐ agree to use electronic records and signatures