

CROSSFIT NWA WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Waiver & Health Info

CrossFit NWA LLC

2702 Little Flock Drive

Little Flock, AR 72756

Photography/Video Release

Participants involved in any activities offered by CrossFit NWA may be photographed or videotaped during training. The undersigned hereby consents to the use of these photos/videos without compensation, on the CFNWA website, advertising, or promotional material produced or published by CFNWA.

Initial here:

Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. The risks include but are not limited to: falls which can result in serious physical injury including death, injury, or death due to negligence on the part of myself, or others around me; injury or death due to improper use or failure of equipment; strains or sprains. I am aware that any of these above-mentioned risks may result in serious injury or death to myself or others. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participating in any activity or class while at, or under the direction of CrossFit NWA LLC. ***Injury may also result simply from the fact of physical training itself. By its very nature, physical training seeks to have me push beyond my limits in order to produce a physical adaptation by my body. This requires feedback from me to my trainer regarding what is happening with my body. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout***

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initial here:

Release: In consideration of the above-mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by CrossFit NWA LLC, the undersigned hereby releases CrossFit NWA LLC, their principals, agents, employees, and volunteers from any liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with CFNWA LLC to administer first aid if deemed necessary for the well-being of the child.

Indemnification: The participant recognizes that there are risks involved in the types of activities offered by CFNWA. Therefore the participant accepts financial responsibility for any injury that the participant may cause to himself/herself or 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 such fees and costs. I further agree to indemnify and hold harmless CFNWA LLC, their principals, agents, employees, and volunteers from liability for the injury or death of any persons and damage to property that may result from a negligent or intentional act or omission while participating in activities offered by CF NWA, at the main building or abroad. This includes but it is not limited to parks, recreational areas, playgrounds, areas adjacent to the main building/or selected areas for training. [initials]

☐ I agree to these terms.

I have CrossFit experience from an affiliate in good standing. *

☐ Yes ☐ No

Any Injuries we should know about *

☐ Yes ☐ No

Currently taking any heart medication? *

☐ Yes ☐ No

Sign your name below:

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

☐ I agree to use electronic records and signatures