

ATHLETE WAIVER AND AGREEMENT

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

In consideration of the fee paid participant understands that there is a risk of personal injury in the course of instruction and, with this knowledge, agrees to assume the risk of any injury and damages to participant during the seminar.

Specifically, participant agrees to hold harmless CrossFit Trackside and all other individuals, organizations, sponsors, promoters, operators, hosts, instructors, associations, schools, owners, officials, directors, employees, and other participants, connected with the event from all losses, damages, injuries, causes of actions, claims, or complaints in the event that the participant is damaged or injured in any way during the participation, instruction and/or performance of any exercise or during any activity associated with the box or during transit to the box.

Participant further agrees to strictly obey instructors and observe safety rules.

Because of the physical demands of CrossFit instruction participant understands that he/she must be in good physical condition to participate in the activity. Participant understands that in case of injury, the only medical treatment CrossFit Trackside will provide is first aid.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the box can be used for publication, promotion, articles, shows, and advertisement without additional consent and without compensation at this time or any other time.

Participant also understands that payments must be made on time monthly and a seven day notice of cancellation must be given to deactivate membership. Until cancellation notice is given, participant is still responsible for monthly payment even if not attending class.

Initial here:

Individuals who are more than 10 days late with monthly payment of cash or check without notifying box owner will be required to set up autopay for the remainder of their membership.

Initial here:

☐ I agree to these terms.

Please list any previous injuries or medical conditions.

Sign your name below:

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

☐ I agree to use electronic records and signatures