ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

In consideration of CROSSFIT CHESAPEAKE granting the athlete designated below permission to participate in the CROSSFIT CHESAPEAKE Training Program, the undersigned hereby waives, releases and discharges any and all damages for personal injury, death or property damage which athlete may have, or which may hereafter accrue to athlete, as a result of said activity. The release is intended to discharge in advance CROSSFIT CHESAPEAKE, its officers, employees and agents from any and all liability arising out of or connected in any way with participation in the training program. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks the undersigned hereby assumes those risks. It is further agreed that this waiver release and assumption of risk is to be binding on the athlete and any heirs and assigns, including the undersigned parent or legal guardian of a participating minor. The undersigned confirms that the athlete is physically able to participate in training and agrees to indemnify and hold CROSSFIT CHESAPEAKE, its officers, employees and agents free and harmless from any loss, liability, damage, cost or expense which may be incurred as a result of athlete's death, injury or property damage that athlete may sustain while participating in said activity.

Athletes may on occasion be photographed during training at CROSSFIT CHESAPEAKE. The undersigned hereby consents to the use of these photographs without compensation on the CROSSFIT CHESAPEAKE website and Facebook page or in any editorial or promotional material produced and/or published by CROSSFIT CHESAPEAKE.

Initial here:

Signature and Consent to Agreement, Release & Waiver

I am the participating athlete and am 18 years of age or older, or I am the parent or legal guardian of the participating athlete. I have carefully read this Waiver, Release, and Agreement and fully understand and consent to its terms. I have investigated the risks involved in participation in the training and fully understand and assume such risks in accordance with this agreement. I am aware that this is a release of liability and a contract between CROSSFIT CHESAPEAKE and me and I sign it of my own free will.

Initial here:

☐ I agree to these terms.

Have you ever done CrossFit before?

☐ Yes ☐ No

If yes, how long?

Are you exercising now? *

☐ Yes ☐ No

How much per week?

Do you play sports? *

☐ Yes ☐ No

Do you take prescription meds? *

☐ Yes ☐ No

Do you have back pain, knee pain, or shoulder pain? *

☐ Yes ☐ No

If yes, provide more info.

Do you have previous injuries or surgeries? *

☐ Yes ☐ No

If yes, provide more info.

Do you have high blood pressure, asthma, diabetes, or a heart condition? *

☐ Yes ☐ No

If yes, provide more info.

Please list any other pre-existing conditions we should be aware of.

Sign your name below:

Please read the Electronic Records and Signature Disclosure

☐ I agree to use electronic records and signatures