## **EMERALD COAST CROSSFIT WAIVER & RELEASE**

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
Country	Date of Birth		
	Waiver and Releas	se of Liability	
Express assumption of risk: I, the undersigned limited to: falls which can result in serious injury or injury or death due to improper use or failure or physical training seeks to have me push bey feedback from me to my trainer regarding we I should look for signs of excessive soreness. While this type of injury is rare, it can occur factors that are beyond the control of my the my partner(s). I willingly assume full responsibility participation in any activity or class while training we Initial here:	or death, injury or death due to neglig of equipment. Injury may also result frond my physical and mental limits what is happening with my body. It is, darkened urine, and pain in the field due to a number of factors, inclu- trainer. I am aware that any of these for the risks that I am exposing myse	tence on the part of myself, my train to simply from the fact of physics in order to produce a physical excessive work can result (in rander kidney areas in the days following (but not limited to) genetics above mentioned risks may result in the control of the	ning partner, or other people around me, cal training itself. By its very nature, adaptation by my body. This requires a cases) in exertional rhabdomyolosis. It is predisposition, medication, or other in serious injury or death to myself and or
I, the undersigned acknowledge that I have Initial here:	no <u>physical condition, illness, or i</u>	mpairment that I know of that '	will endanger myself or others.
<b>Release</b> : In consideration of the above mention available at Emerald Coast CrossFit, I, the unders employees, and volunteers from any and all liabilit my participation in this activity, including those alk	signed hereby release CrossFit, Inc., it y, claims, demands, actions or rights o	s officers and directors, and Emera f action, which are related to, arise	ld Coast CrossFit, their principals, agents, out of, or are in any way connected with
This agreement shall be binding upon me, my such agree that the remainder of the agreement shall person connected with Emerald Coast CrossFit to and or surgical care for the child and to transport  Initial here:	ıll remain in full legal force and effect. o administer first aid deemed necessa	. If I am signing on behalf of a minory, and in case of serious illness or i	or child, I also give full permission for any njury, I give permission to call for medical
<b>Indemnification</b> : The participant recognizes tha financial responsibility for any injury that the part mentioned parties, or anyone acting on their behavior	cicipant may cause either to him/herse	elf or to any other participant due	to his/her negligence. Should the above-

fees and costs. I further agree to indemnify and hold harmless CrossFit, Inc. and Emerald Coast CrossFit, 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 my negligent or intentional act or omission while participating in activities offered by Emerald Coast CrossFit.

Initial here:

**Photo/Video Release:** I hereby grant Emerald Coast CrossFit permission to use my photograph/video image in any and all publications for CrossFit, Inc. or Emerald Coast CrossFit, including on their websites or publications, without payment or any other consideration in perpetuity

I hereby authorize Emerald Coast CrossFit to edit. alter. copy. exhibit. publish or distribute all photos and images. I waive the right to inspect or approve the finished

product, including written or electronic copy, wherein my photo appears. Additionally, I was of the photograph or video images.	waive any right to royalties or other compensation arising or related to the
Initial here:	
I hereby hold harmless and release and forever discharge Emerald Coast CrossFit from all executors, administrators, or any other persons acting on my behalf of on behalf of my es	
Initial here:	
I am competent to contract in my own name. I have read this release, and I fully underst	and the contents, meaning, and impact of this release.
I have <u>read</u> and <u>understood</u> the foregoing assumption of risk, and release of liability and I for any liability for injury or death of any person and damage to property caused by my form I am <u>waiving</u> valuable legal rights.	
☐ I agree to these terms.	
Do you smoke? *  Yes No	
Do you have any of the following? * No answers to show	
Do you have any other health conditions we should be aware of? (please	se answer no, or if yes, explain) *
	_ _
	_
Sign your name below:	
	Please read the <u>Electronic Records and Signature Disclosure</u>
	☐ agree to use electronic records and signatures