

Crossfit 77 and Elite Performance

Waiver and Release Liability

159 Raceway Dr Mooresville NC 28117

Name: _____ Email: _____

Address: _____

City, State, Zip: _____

D.O.B: _____ PHONE# _____

In an emergency, I would like CrossFit 77 to call: _____

Ph #: _____

HEALTH QUESTIONS

DO YOU EXERCISE NOW: Y / N

HOW OFTEN: _____

DO YOU HAVE ANY OF THE FOLLOWING:

BACK PAIN: Y / N

HIGH BP: Y / N

KNEE PAIN: Y / N

ASTHMA: Y / N

SHOULDER PAIN: Y / N

ANY HEART COND: Y / N

PREVIOUS SURGERIES: Y / N ANY OTHER HEALTH ISSUES: Y / N

(IF Y, PLEASE LIST:)

ASSUMPTION OF RISK

I have voluntarily chosen to participate in training activities provided by CrossFit77. CrossFit 77 has made me fully aware that the fitness programs/classes which CrossFit 77 offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury due to improper use or failure of equipment; strains and sprains; or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of participation in a fitness program designed by CrossFit 77. CrossFit 77 has informed me that there exists the possibility of adverse physical changes during an exercise program, that could include Rhabdomyolysis, abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and heart attack or even death, and I fully understand these risks. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that I may refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform a coach.

I give CrossFit 77, its agents, employees, coaches, trainers, members and volunteers permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit 77 administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child.

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 participation in any activity, class or physical fitness program while at, or under the direction of CrossFit 77.

INITIALS: _____

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 77, I hereby release CrossFit 77, their principals, agents, employees, coaches, trainers, members and volunteers from any and all liability, claims, demands, actions or rights of action, 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 above 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 that the remainder of the agreement shall

INITIALS: _____

INDEMNIFICATION

In consideration of the above mentioned risks and the fact that I am willingly and voluntarily participating in the activities offered by CrossFit 77, I accept financial responsibility for any injury that I may cause to any other person due to my negligence or intentional act or omission while participating in such activities. Should any person be required to incur attorney's fees and costs to enforce this agreement with respect to any claim arising from my negligence or intentional act or omission, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CrossFit 77, its principals, agents, members, coaches, 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 CrossFit 77, whether occurring at the main building or any other location selected for training by CrossFit 77.

INITIALS: _____

MEDIA RELEASE

Participants involved in any activities offered by CrossFit 77 may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the CrossFit 77 website or in any editorial, promotional or advertising material produced and/or published by CrossFit 77.

INITIALS: _____

RHABDOMYOLYSIS:

Intense exercise can cause Rhabdomyolysis. High intensity exercise must be approached cautiously in the beginning, as a gradual increase of intensity is necessary to allow muscle cells to adapt to the new demands of intense training. Failure to do so may result in a life threatening condition known as Rhabdomyolysis in which muscle cells become damaged and flood the bloodstream with toxins. These toxins can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential damage. Brown urine, complete muscle weakness and/or swelling of joints are warning signs of Rhabdomyolysis. If you develop any of these symptoms, seek medical assistance IMMEDIATELY. The risk of Rhabdomyolysis is increased if an individual does not properly hydrate before and after exercise and by the consumption of alcohol.

I acknowledge and agree that I have been specifically warned about the medical condition "Rhabdomyolysis" and accordingly I have been advised to limit or moderate my effort in order to minimize the risks associated with this condition.

INITIALS: _____

SIGNATURE OF PARTICIPANT: _____

SIGNATURE OF PARENT / GUARDIAN IF UNDER 18: _____

PRINTED NAME: _____

DATE: _____

