

CrossFit Spotsy



Release of Liability/Assumption of Risk Agreement

Name:

Phone #:

Address:

City, State, Zip Code:

Email:

Emergency Contact name:

Relationship:

Phone #:

***CrossFit Spotsy recommends that you clear your participation in any exercise program with your physician.**

Acknowledge and Acceptance of Risk:

I, _____ acknowledge that I have chosen to participate in one or more physical fitness program(s)/session(s)/class(es) provided by CrossFit Spotsy, Lisa Quinn, and/or the trainers at CrossFit Spotsy (herein after collectively "CrossFit Spotsy") which may include but not necessarily be limited to CrossFit training and/or individual training or coaching of any kind. CrossFit Spotsy has made me fully aware that the fitness programs/sessions/classes that CrossFit Spotsy 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, the undersigned, recognize and understand the programs/sessions/classes are not without varying degrees of risk which may include, but are not limited to, the following: injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death; injury or death due to the negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; injury or death due to a medical condition, whether known or unknown. I am aware that the above-mentioned risks may result in serious injury or death to myself and/or my partner.

Initial:

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I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in CrossFit programs/sessions/classes and accept full responsibility for any injury or death that may result from participation in any activity, class, sessions or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in an exercise program designed by CrossFit Spotsy. CrossFit Spotsy has informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. CrossFit Spotsy has informed me that these changes could include, but are not limited to: abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in CrossFit Spotsy fitness program/sessions/classes.

Initial:

Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willing and voluntarily participating in the activities made available by CrossFit Spotsy, and with my full understanding of all of the above, I voluntarily waive, release, discharge, and hold harmless CrossFit Spotsy, its agents, officers, principals, volunteers, employees, of any and all liability, claims, demands, actions, or rights of action, or damages of any kinds related to, arising from, or in any way connected with, my participation in CrossFit Spotsy fitness programs/sessions/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. **In signing this document, I fully recognize and understand that if I (or any minor on whose behalf I am signing this release) am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against CrossFit Spotsy, even if they negligently or by some other act or omission cause the injury or damage.** This agreement shall be binding upon successors, my representatives, heirs, executors, assigns, transferees, or me. If any portion of this agreement is held invalid, I agree that the remainder of this agreement shall remain in full legal force and effect.

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As parent of legal guardian of a CrossFit Spotsy participant under 18 years of age, I have read and voluntarily agree that said minor may participate in these fitness programs/sessions/classes, and I sign this release on their behalf and on the behalf of the minor's parents and legal guardians. In addition, I also give full permission to call and or sign for surgical care for the child, transport the child to medical facility deemed necessary for the well being of the child with all expenses covered by the parent, legal guardian.

Initial:

Indemnification:

I recognize that there is risk involved in the types of activities offered by CrossFit Spotsy. Therefore, I accept all financial responsibility for any injury that the participant or I may cause either to him/herself or to any other participant due to his/her negligence. Should the above parties, or anyone acting on their behalf, be required to incur attorney's fees and defense costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify, defend, and hold harmless CrossFit Spotsy, their principals, agents, employees, and volunteers from liability from the injury or death of any person(s) and damage to property that may result from my negligent or unintentional act or omission while participating in activities offered by CrossFit Spotsy.

Initial:

Use of Picture(s)/Film/Likeness:

I further agree to allow CrossFit Spotsy, its agents, officers, principals, employees and volunteers the use of a picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit Spotsy of this in writing.

Initial:

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I have read this document in its entirety. I fully understand the foregoing assumption of risk and release of liability and I understand that by signing it I have released any and all claims against CrossFit Spotsy. I understand that this agreement obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission; I understand that by voluntarily signing this form I am waiving valuable legal rights.

Participant's name:

Participant's signature:

Date:

Legal guardian of participant under the age of 18 years old name:

Legal Guardian of participant under the age of 18 years old signature:

Date: