CrossFit N. Irving Liability and Consent Form

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Questionnaire:

High Blood Pressure: YES NO If yes, levels\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High Cholesterol: YES NO If yes, levels\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cigarette Smoking: YES NO If yes, # Per Day\_\_\_\_\_\_\_\_\_\_\_\_\_

Smoked in Past: YES NO If yes, how long\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family History of Heart Disease: YES NO Who/Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes: YES NO INSULIN: YES NO

Do you currently exercise: YES NO # of Times/Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on medication: YES NO Type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies: YES NO Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problems in: Knee(s): YES NO Lower Back/Neck Shoulders: YES NO Hips/Pelvis: YES NO Other Issues (Explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please provide a medical release authorization from your physician if you have any known medical conditions that may affect you during physical activities.

Emergency Contact Name (Relationship):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER OF CLAIMS AND RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS In consideration of being permitted to participate in the training and physical activities associated with the CrossFit training regimen, which includes intense weight training, cardiovascular conditioning and endurance, conducted and organized by CrossFit N. Irving of 4231 N. State HWY 161 STE 104 Irving, Tx 75038 Chris Coleman, Margaret Coleman and Nick Zelinski and any other CrossFit association, hereinafter collectively referred to as "CrossFit," and in recognition that CrossFit training is an inherently DANGEROUS ACTIVITY, Member/Participant and his/her personal representatives, guardians, assigns, heirs, and next of kin, hereinafter collectively referred to as "Member", hereby covenants not to sue, waives, discharges and releases and shall hold harmless CrossFit, it's owners, instructors, and employees, from all liability to the Member, for all losses, damage, and any claim or damage therefore on account of any injury to the person or property or resulting permanent injury or death of the Member, or in contract, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR STRICT LIABILITY OF CROSSFIT, ITS EMPLOYEES OR INSTRUCTORS OR OTHERWISE, WHILE MEMBER IS INVOLVED IN ACTIVITIES AT CROSSFIT OR ANY CROSSFIT RELATED FUNCTION, INCLUDING ANY INJURY INVOLVING EQUIPMENT FAILURES.

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by CrossFit or its employees, representatives or agents. Initials:\_\_\_\_\_\_\_

2. The exercise program and facilities in the gym are designed with the members safety in mind but it is hereby agreed that such program and facilities are used entirely at members own risk. Initials:\_\_\_\_\_\_\_

3. I agree to indemnify and defend from suit CrossFit or any of its agents or assigns in the event of suit. I agree to waive, release, and forever discharge CrossFit, it's officers, agents, employees and representatives against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities and from any activity associated with any injury to me or my family's related to activities with CrossFit**. Initials:\_\_\_\_\_\_\_**

5. I agree to further release CrossFit, its owners, instructors and employees from any claim of liability resulting from administering first aid treatment or service rendered to Member during his participation in CrossFit activities**. Initials:\_\_\_\_\_\_\_**

6. Member hereby agrees to personally provide for any medical expenses, which may be incurred or necessitated as a result of any injury sustained while participating in any CrossFit class, during training at, or performing for, or at CrossFit N. Irving**. Initials:\_\_\_\_\_\_\_**

7. For promotional purposes, Member gives CrossFit N. Irving authorization to post on their website or marketing materials photos of student and other for use of media/film/print production taken from the workout sessions and while at the premises of CrossFit N. Irving**.Initials:\_\_\_\_\_\_\_**

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_