

CrossFit Everett

CrossFit Everett is a registered trade name of Front Point, LLC, a Washington limited liability company

ABOUT YOU

Name: _____ DOB: _____ Age today: _____

Address: _____ Mobile #: _____

City / State / Zip: _____ Home #: _____

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

Email Address: _____ I wish to be on mailing list. (CFE will not provide your info to others) Initials: _____

How did you hear about CrossFit Everett? _____ CrossFit Everett may use my image to promote CFE. Initials: _____

GENERAL UNDERSTANDING

I (the undersigned participant) understand that CrossFit is a physical fitness program. I understand that accidents and injuries are an inherent risk of any physical activity. CFE will make every effort to train me to their best ability; however, I will be fully and solely responsible for my fitness results and my health and safety. I understand CrossFit workouts can be very difficult and strenuous on physical, mental, and emotional systems. I will be solely responsible for monitoring myself to keep myself safe at all times. I have been advised that I should consult with a physician prior to engaging in any exercise program and I acknowledge that I am solely responsible for obtaining such consultation and for strictly following the advice of my physician. Initials: _____

WAIVER AND RELEASE OF LIABILITY

Express Assumption of Risk: I wish to engage in CFE training and activities. I am aware that there are significant risks involved in all aspects of physical training, including, without limitation, falls or incidents that can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; and injury or death due to improper use or failure of equipment. I knowingly and 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 CFE activity, or program recommended by CFE, or from working with CFE trainers. By signing this form, I hereby certify that I am sufficiently physically fit to do CrossFit style training, have no physical impairments or illnesses that will endanger myself or others, and have unqualified approval of a Certified physician to participate. Initials: _____

Release and Indemnification: In consideration of the above mentioned risks and hazards and of the fact that I am knowingly, willingly, and voluntarily participating in the activities available at CFE, and as part of payment for the services provided by CFE, I hereby release, hold harmless, and indemnify Front Point LLC, dba CrossFit Everett ("**CFE**") its owners, members, customers, participants, managers, agents, employees, contractors, volunteers, and / or anyone acting on their direction or behalf (the "**Released Parties**") from any and all liability, claims, demands, actions, or causes of action, that may, directly or indirectly, relate to or otherwise arise out of my participation in any CFE activity or class, and activity or training program recommended by CFE, or from working with CFE trainers. I further accept sole financial responsibility for any injury that I may cause either to myself or to any of the released parties due to my negligent and / or intentional acts or omissions. Should any of the released parties be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless the released parties from liability for the injury or death of any person(s), including myself, and damage to property that may result from my negligence or intentional act or omission while participating in activities offered by or at CFE. Initials: _____

Medical Attention: On behalf of myself and / or on behalf of the minor child for whom I have signed, I give full permission for any person connected with CFE to administer first aid, and in case of serious illness or injury, to summon emergency medical care, and to transport me or the child to a medical facility. Initials: _____

This agreement, including the Release and Indemnification provisions, 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 remain in full legal force and effect to the maximum extent permitted by law and that it shall be construed liberally in favor of CFE. I have had the opportunity to have this document reviewed by counsel and agree that no interpretation of this agreement shall be made based on the identity of the party that drafted it. I have read and understood the above assumption of risk and release of liability, and I understand that signing it 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 signing this form I am waiving valuable legal rights.

Signature of Participant: _____ Date: _____

If participant is under the age of 18:

Signature of Parent or Guardian: _____ Relationship: _____ Date: _____