



CrossFit Pushin Weight
1565 Oakbridge Terrace
Suite C
Powhatan, VA 23139
<http://crossfit.pushinweight.com/>

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

State

Zipcode

Country

Date of Birth

Phone

Emergency Contact Name

Emergency Contact Phone

CrossFit Pushin Weight recommends that you clear your participation in any exercise program with your physician

I have chosen to participate in one or more physical fitness program(s) class(es) provided by CrossFit Pushin Weight, which may include, but not necessarily be limited to CrossFit training and/or individual training or coaching of any kind. CrossFit Pushin Weight has made me fully aware that the fitness programs/classes which CrossFit Pushin Weight 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/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 (to include exertional rhabdomyolysis) or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death to improper use or failure of equipment, 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).

Initial here:

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in CrossFit Pushin Weight programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class 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 a fitness program designed by CrossFit Pushin Weight. CrossFit Pushin Weight informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. CrossFit Pushin Weight informed 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 Pushin Weight fitness program/classes.

Initial here:

Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by CrossFit Pushin Weight, and with my full understanding of all of the above, I voluntarily waive, release, discharge, and hold harmless CrossFit Pushin Weight and it's agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in CrossFit Pushin Weight fitness programs/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 Pushin Weight, even if they

effect.

Initial here:

As a parent or legal guardian of a CrossFit Pushin Weight participant under 18 years old, I have read and voluntarily agree that said minor may participate in these fitness programs/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 for any person connected with CrossFit Pushin Weight to administer first aid deemed necessary for the well being of the child.

Initial here:

Use of picture(s)/film/likeness: I further agree to allow CrossFit Pushin Weight, its agents, officers, principals, employees and volunteers the use of a picture(s), film, and/or likeness of me for advertising purposes, to include the website, without compensation. In the event I choose to not allow the use of the same for said purpose, I agree that I must inform CrossFit Pushin Weight of this in writing.

Initial here:

I have read this document in it's 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 Pushin Weight. 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.

Initial here:

I agree to these terms.

Do you have high blood pressure or a heart condition in which a physician is currently prescribing a medication? *

Yes No

Do you feel pain in your chest when you perform physical activity? *

Yes No

When you were not engaging in physical activity, have you experienced chest pain in the past month? *

Yes No

Do you ever faint or get dizzy and lose your balance? *

Yes No

5) Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity? *

Yes No

If yes, what condition/injury?

Reason or Concern:

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

I agree to use electronic records and signatures