

CROSSFIT SALT
Participant Information and Wavier

Name: _____		Date of Birth: _____	
Address: _____			
Telephone	Work _____	Home _____	Cel _____
Email: _____			
In case of emergency, I would like CrossFit Salt to call:			
Name _____		Relationship _____	
Telephone	Work _____	Home _____	Cel _____

May we add you to our mailing list to keep you updated on CrossFit HQ functions? **YES NO**

WAIVER

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

CrossFit SALT

111 Center Drive, Brunswick GA 31520

Express Assumption of Risk

I am aware that all who wish to engage in intense physical activity should seek the advice of a physician, and agree that I have ample opportunity to do so at my expense. I am aware that significant risks are inherent in all aspects of physical training. These risks include, but are not limited to:

- falls which 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,
- ***injury or death*** due to improper use of, or failure of, equipment.

I am aware that any of these risks may result in serious injury or death to me and to others. I willingly assume full responsibility for these risks and accept full responsibility for any injury or death that may result from participation in any activity, training, or class of instruction while at, or offered by, CrossFit SALT.

I acknowledge this Express Assumption of Risk, and state that I have no physical impairments or illnesses that will endanger me or others. Initials: _____

Release

Considering the above-referenced risks and hazards, and that I willingly and voluntarily participate in the activities available at CrossFit SALT, I release CrossFit SALT, Fitness Eleven LLC, and The Kids Club, including their owners, principals, agents, employees, 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.

Initials: _____

This agreement is and will remain binding upon me, my successors, representatives, heirs, executors, trustees, assigns, or transferees. If any portion of this agreement is held invalid or unenforceable, I agree that the remainder of the agreement remains in full legal force and effect.

Initials: _____

Indemnification

Participant (including parent or guardian) recognizes that risk is involved in the types of activities offered by CrossFit SALT. Therefore PARTICIPANT accepts financial responsibility for any injury that PARTICIPANT may cause either to self or to others due to PARTICIPANT'S negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees or other costs to enforce this Waiver, I agree to reimburse them for all fees and costs. I further agree to indemnify and hold harmless CrossFit SALT, their principals, agents, employees, and volunteers from liability for the injury or death of all persons and damage to all property that may result from my negligent or intentional act or omission while participating in activities offered by CrossFit SALT.

Initials: _____

Permission to render First Aid

If I am signing on behalf of a minor, I also give full permission for any person connected with CrossFit SALT to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

<ul style="list-style-type: none"> • I have read this entire WAIVER, and I understand and accept it in its entirety. • I understand the ASSUMPTION OF RISK AND RELEASE OF LIABILITY . • I understand that my signature obligates me to <u>indemnify CrossFit SALT and other above-named parties for all liability</u> for injury or death of any person and for property damage caused by my negligent or intentional act or omission. • I understand that by my signature I waive valuable legal rights. • I accept these obligations and limitations of my own free will. 	
Signature of participant _____	Date _____
If the participant is under the age of 18:	
Signature of Parent or Guardian _____	Date _____
Printed Name of Parent or Guardian _____	