

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

100 Commerce Center Drive, Brunswick GA 31523

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, and Fitness Eleven, LLC 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.

- 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 indemnify CrossFit SALT and other above-named parties for all liability 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 _____

PHOTO USE RELEASE FORM

I, , hereby grant and authorize CrossFit Salt and Old School Weightlifting the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me by CrossFit Salt and Old School Weightlifting to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of CrossFit Salt and Old School Weightlifting and will not be returned.

I hereby hold harmless, and release CrossFit Salt And Old School Weightlifting from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

(Signature)

(Date)