

CrossFit Fayetteville

2716 S. School Fayetteville, AR 72701

Name: _____ Email: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ Home Ph # _____ Cell Ph # : _____

In case of an **emergency**, I would like CrossFit Fayetteville to **Contact**: _____

Phone # _____

Date of last full physical: _____

Do you have any form of heart disease? Yes No

Have you ever experienced shortness of breath / chest pains? Yes No

Do you have or do any of the following pertain to your health (If yes please explain.):

High Blood Pressure? Yes No Levels: _____

Cigarette Smoking? Yes No

Diabetes? Yes No Types: _____

Family History of Heart Disease? Yes No Who/Age: _____

How often do you exercise per week? _____

Are you currently taking any medication? Yes No Explain: _____

Do you have problems in the following areas:

Knees Yes No Explain: _____

Lower Back Yes No Explain: _____

Neck/Shoulders Yes No Explain: _____

Hip/Pelvis Yes No Explain: _____

Any Other Yes No Explain: _____

Is there any reason you know of that you should NOT participate in exercise? Yes No

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CROSSFIT FAYETTEVILLE STRONGLY RECOMMENDS THAT YOU CLEAR YOUR PARTICIPATION IN ANY EXERCISE PROGRAM WITH YOUR PHYSICIAN. THE PROTOCOLS OF THIS PROGRAM WILL INVOLVE YOU IN RELATIVELY HIGH INTENSITY WORKOUTS AND IT IS IMPORTANT YOU UNDERSTAND THE FOLLOWING:

I _____, agree to participate in physical training sessions instructed by

CrossFit and/or USA WL certified trainers. I am fully aware these fitness sessions are of a nature and kind that are extremely strenuous and will push me to the limits of my physical abilities. I recognize and understand these training sessions 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 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 or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in this CrossFit training and/or Northwest Barbell Club program and accept full responsibility for any injury or death that may result from my participation. 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 Fayetteville. I understand there exists the possibility of adverse physical changes during an exercise program. I fully understand that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death. I understand that certain prescribed medications may exacerbate these physiological changes and create an even greater risk of physical damage or death. With my full understanding of the above information, I agree to assume any and all risks associated with my participation in this CrossFit Fitness Program and/or this Northwest Arkansas Barbell Club.

Initials: _____ CrossFit Fayetteville Waiver

Release of Liability:

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 Fayetteville, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Hiedi Shively, CrossFit Fayetteville LLC, CrossFit Fayetteville Coaches, Greg and Laura Glassman, CrossFit and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, action or rights of actions, or damages of any kind related to, arising from, or in any way connected with, my participation in the CrossFit conditioning program and/or the Northwest Arkansas Barbell Club. This agreement 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. If I am signing on behalf of a minor child, I also give permission to administer the necessary first aid, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to medical facility deemed necessary for the well being of the child.

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Indemnification: I recognize there is risk involved in the types of activities offered by CrossFit Fayetteville and/or the Northwest Barbell Club. Therefore, I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Hiedi Shively, CrossFit Fayetteville LLC, CrossFit Fayetteville trainers, Northwest Arkansas Barbell Club trainers, CrossFit Incorporated, Greg and Laura Glassman, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by CrossFit Fayetteville and/or the Northwest Arkansas Barbell Club.

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by 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.

Initials: _____ CrossFit Fayetteville Release of Liability

Use of picture(s)/film/likeness:

I agree to allow CrossFit Fayetteville and/or the Northwest Arkansas Barbell Club, its agents, officers, principals, employees and volunteers the right to take picture(s), film and/or likeness of me for advertising purposes without compensation. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit Fayetteville and/or the Northwest Arkansas Barbell Club of this in writing.

Initials: _____ CrossFit Fayetteville Picture/Film/Likeness Release

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by 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.

_____ / ____ / ____

Participant's Name (Signature)

(Date)

_____ / ____ / ____

Legal Guardian (Signature)

(Date)

_____ / ____ / ____

CrossFit Fayetteville and/or Northwest Arkansas Barbell Club (Signature)

(Date)