

# CrossFit Safety Harbor

## WAIVER AND RELEASE OF LIABILITY FOR:

CrossFit Safety Harbor, 985 Harbor Lake Dr. Safety Harbor FL 34695 / Darren & Kellie Eaton

Name: \_\_\_\_\_ Date of Birth & Age: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

### HEALTH QUESTIONS

Do you currently exercise: Yes / No If so, how often per week: 1-2 / 3-4 / 5-6 / 6+

Do you have any of the following:

Back Pain: YES / NO Knee Pain: YES / NO Shoulder Pain: YES / NO Previous Surgery: YES / NO

High Blood Pressure: YES / NO Asthma: YES / NO Heart Condition: YES / NO

Other Ailments: YES / NO

If you answered "YES" to any of these questions, please explain: \_\_\_\_\_

### ASSUMPTION OF RISK

I have voluntarily chosen to participate in training activities provided by CrossFit Safety Harbor. CrossFit Safety Harbor has made me fully aware that the fitness programs/classes which CrossFit Safety Harbor 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 am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury due to improper use or failure of equipment; strains and sprains; 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).

I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of participation in a fitness program designed by CrossFit Safety Harbor. CrossFit Safety Harbor has informed me that there exists the possibility of adverse physical changes during an exercise program, that could include Rhabdomyolysis, abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and heart attack or even death, and I fully understand these risks. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that I may refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or

discomfort, I am to stop the activity and inform a coach.

I give CrossFit Safety Harbor, its agents, employees, coaches, trainers, members and volunteers permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit Safety Harbor to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child.

I 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 activity, class or physical fitness program while at, or under direction of CrossFit Safety Harbor.

**INITIAL:** \_\_\_\_\_

### **RELEASE**

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by CrossFit Safety Harbor, I hereby release CrossFit Safety Harbor, their principals, agents, employees, coaches, trainers, members 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. 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.

**INITIAL:** \_\_\_\_\_

### **INDEMNIFICATION**

In consideration of the above mentioned risks and the fact that I am willingly and voluntarily participating in the activities offered by CrossFit Safety Harbor, I accept financial responsibility for any injury that I may cause to any other person due to my negligence or intentional act or omission while participating in such activities. Should any person be required to incur attorney's fees and costs to enforce this agreement with respect to any claim arising from my negligence or intentional act or omission, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CrossFit Safety Harbor, its principals, agents, members, coaches, 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 Safety Harbor, whether occurring at the main building or any other location selected for training by CrossFit Safety Harbor.

**INITIAL:** \_\_\_\_\_

### **PHOTOGRAPHY/VIDEO RELEASE**

Participants involved in any activities offered by CrossFit Safety Harbor may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the CrossFit Safety Harbor website or in any editorial, promotional or advertising material produced and/or published by CrossFit Safety Harbor.

**INITIAL:** \_\_\_\_\_

### **WARNING: RHABDOMYOLYSIS**

CrossFit can cause Rhabdomyolysis. High intensity exercise must be approached cautiously in the beginning, as a gradual increase of intensity is necessary to allow muscle cells to adapt to the new demands of CrossFit training. Failure to do so may result in a life threatening condition known as Rhabdomyolysis in which muscle cells become damaged and flood the bloodstream with toxins. These toxins can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential damage. Brown urine, complete muscle weakness and/or swelling of joints are warning signs of Rhabdomyolysis. If you develop any of these symptoms, seek medical assistance IMMEDIATELY. The risk of Rhabdomyolysis is increased if an individual does not properly hydrate before and after exercise and by the consumption of alcohol.

I acknowledge and agree that I have been specifically warned about the medical condition "Rhabdomyolysis" and accordingly I have been advised to limit or moderate my effort in order to minimize the risks associated with this condition.

**INITIAL:** \_\_\_\_\_

*I have read and understood 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 legal rights.*

**PRINTED NAME OF PARTICIPANT:** \_\_\_\_\_

**SIGNED NAME OF PARTICIPANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME OF PARENT/GUARDIAN (IF UNDER 18):** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18):** \_\_\_\_\_