

802CROSSFIT

16B Morse Drive Essex Junction, Vermont 05452

CONSENT AND LIABILITY WAIVER:

I _____ (print full name) hereby agree to participate in fitness classes taught by Tarken Chase, Sara Franco, and/or any authorized employees of 802 CrossFit LLC.

RISK FACTOR:

By participating in a fitness class or any related class, there are risks, injuries (minor to permanent) that can be the result of my own actions, the actions or interactions of others or a combination of both and will be at my expense. By signing this waiver, I consent to participate at my own risk. I consent to participate acknowledging all the foregoing risks and I hold harmless, waive and release 802 CrossFit LLC, its officers, directors, employees and sub-contractors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in this or affiliated events. I acknowledge that I am physically fit and mentally capable of participating in physical activity or any services provided at the designated lease location.

CLASS RULES AND REGULATIONS:

I understand that any rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation. If I ever feel unable to participate due to injury, illness, or any other reason, it is my responsibility to inform my instructors.

CLIENT CONFIDENTIALITY:

Because the clinic/studio is open for business and may have additional clients being held during my scheduled appointment time, I agree to maintain confidentiality relating to any individual who may be on site at the same time I am. In the event I know someone, or over-hear during a workout session, by signing this waiver, I will agree to use discretions and not discuss with anyone on the outside any information personal or medical in nature.

SURVEILLANCE:

I understand that a 24-hour surveillance system is set-up for my protection, the protection of those being trained & the trainers/employees at this facility. At any time, this may be reviewed to protect both parties if deemed necessary.

HEALTH/CONTACT WAIVER:

In the event of an emergency I give permission to obtain medical assistance at a cost to myself (client only) and to request that my contact person be notified as soon as possible.

CONTACT INFORMATION:

Phone Number

Email

Address

Are you currently under physicians care? _____

If yes, for what: _____

Physicians Name: _____

IN CASE OF EMERGENCY:

Relationship

Phone Number

I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS OF THIS WAIVER:

Signature

Date

Signature of Parent/Guardian if under 18

Date