

802CROSSFIT

802 CrossFit LLP - 16B Morse Drive - Essex Junction - Vermont - 05452

CONSENT AND LIABILITY WAIVER

I _____ (PRINT FULL NAME) hereby agree to participate in fitness classes and/or personal training taught by Tarken Chase, Sara Franco, and/or any authorized employees, subcontractors and instructors appointed by the owners of 802 CrossFit LLP.

RISK FACTOR:

By participating in a fitness class, any related class or personal training, 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 LLP, its officers, directors, employees and subcontractors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in this or affiliated events. I represent and acknowledge that I am physically fit and mentally capable of participating in physical activity and/or any services provided at the facility listed above. I understand it is my responsibility to inform my coaches of any health restrictions, conditions or inabilities I may have. I understand it is my own responsibility to remove myself from class participation at any point if I so need.

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 and any directions given by 802 CrossFit LLP affiliates. 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.

SURVEILLANCE/PHOTOGRAPHY:

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. I understand my photo may be used for marketing purposes and acknowledge it is my responsibility to make it known if I would not like to be published.

HEALTH/CONTACT WAIVER:

In the event of an emergency I give permission to 802 CrossFit LLP, their employees, trainers, or other clients to obtain medical assistance at a cost to myself (client only) and to request that my contact person be notified as soon as practically possible.

PAYMENT:

Payment is due prior to services rendered. All sales are final.

EMAIL ADDRESS

PHONE NUMBER

ARE YOU CURRENTLY UNDER A PHYSICIANS CARE?

YES

NO

If yes, for what:

Physician's Name:

IN CASE OF AN EMERGENCY:

NAME/RELATIONSHIP:

PHONE NUMBER:

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

Signature

Date

Signature of Parent/Guardian if under 18

Date