



RELEASE OF LIABILITY (PLEASE PRINT CLEARLY)

NAME: _____ DOB: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE # _____ EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT NAME: _____ PHONE#: _____

INFORMED CONSENT / ASSUMPTION OF RISK: I am aware that there are significant risks involved in all aspects of physical training with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout. While this type of injury is relatively rare, it can occur due to a number of factors, including (but not limited to) genetic predisposition or dehydration, that may be beyond the control of my trainer. I understand that the programs and classes offered by CrossFit Inland Valley and its associates are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. 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 or failure of equipment. 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 willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in CrossFit Inland Valley and its associate's programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. 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 Inland Valley and its associates. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in CrossFit Inland Valley and its associate's programs/classes.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, rhabdomyolysis, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well-being and hold CrossFit Inland Valley and its associates, as well as its owners, employees, and other authorized agents including independent contractors (coaches and interns), harmless there from. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

WAIVER AND RELEASE: I fully understand that my personal exercise program may be strenuous and I choose to participate voluntarily. I accept all responsibility for my health and any results, injury or mishaps that may affect my well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release CrossFit Inland Valley and its associates (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that I may have for injuries or other damages, arising out of participation in CrossFit Inland Valley and its associates' activities, including, but not limited to the personal training/nutritional programs and programs/classes.

INDEMNIFICATION: I recognize that there is risk involved in the types of activities offered by CrossFit Inland Valley and its associates. Therefore I accept financial responsibility for any injury that I may cause either to myself 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 and costs to enforce this agreement. I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CrossFit Inland Valley and its associates, 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 Inland Valley and its associates.

SOCIAL MEDIA CONSENT/RELEASE FORM (For news media, promotional materials, written articles, research and/or photographs): I hereby authorize CrossFit Inland Valley to use my photo and/or information related to my experiences with CrossFit Inland Valley. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, and media and/or other similar ways. My consent is freely given as a public service to CrossFit Inland Valley, without expecting payment. I release CrossFit Inland Valley and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

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.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and waiver of liability and I sign it knowingly, voluntarily, and of my own free will.

Participant's Signature/Guardian Signature (17 & under) Participant's Name (printed) Date