

**CrossFit Southampton Waiver**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_ **Contact number** \_\_\_\_\_

**Express Assumption of Risk**

I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to:

- Slips, trips and falls;
- negligence of the part of myself, my training partner, or other people around me;
- improper use or failure of equipment

I am aware that any of the above mentioned risks may result in serious injury to myself and or my training partner(s). I willingly assume full responsibility for the risks I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class which at CrossFit Southampton. I, the undersigned, acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

**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 available at CrossFit Southampton, I, the undersigned, hereby release CrossFit Southampton, their principles, agents, employees 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.

If I am signing on behalf of a minor (a child under the age of 18), I also give my permission for any person connected with CrossFit Southampton to administer First Aid deemed necessary, and in the 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 a medical facility deemed necessary for the well-being of the child.

**Indemnification**

The participant recognises that there is a risk involved in the types of activities offered by CrossFit Southampton. Therefore the participant accepts financial responsibility for any injury that 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 legal fees and costs to enforce this agreement, the participant agrees to reimburse them for such fees and costs. The participant further agrees to indemnify and hold harmless CrossFit Southampton, their principles, agents, employees and volunteers from liability for the injury or death of any person(s) and/or damage to property that may result from the participants negligent or intentional act or omission while participating in activities offered by CrossFit Southampton.

I have read and understood the foregoing assumption of risk and the 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/or 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.

Regular physical activity is fun, healthy, and safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning on becoming much more physically active than you presently are, start by answering the questions displayed in the membership sign-up process. This will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

**Initials** \_\_\_\_\_

Please use common sense when answering these questions, reading each one carefully and answering honestly. Please tick in either the 'Yes' or 'No' box.

Question	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in the chest when you do physical activity?		
In the past month, have you had any chest pains when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or Joint Problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing you drugs (for example, water pills) for blood pressure or a heart condition?		
Do you know any other reason why you should not do physical activity?		

**If you have answered 'Yes' to one or more questions:**

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about this Par-Q and the questions which you answered YES. You may be able to do any activity you want, as long as you start slowly and build up gradually, or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**If you have answered 'No' to all of the questions:**

If you have answered NO honestly to all Par-Q questions, you can be reasonably sure that you can start to become much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.

Delay becoming much more active if:

You are not feeling well because of a temporary illness such as a cold or fever. wait until you feel better.

You are pregnant. Talk to your doctor before you start becoming more active.

Note: If the Par-Q is being given to a person before he / she participates in a physical activity programme this section may be used for legal or administrative purposes.

**DECLARATION**

I have read, understood and completed this questionnaire honestly to the best of my knowledge. Any questions I had have been answered to my full satisfaction.

I agree that CrossFit Southampton has the right to take photographs, video or digital recording of me and to use these in any and all media, now and hereafter known, for promotional purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I release to CrossFit Southampton all rights to exhibit this work in print and in electric form publicly and privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

**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 am happy to receive marketing emails from CrossFit Southampton regarding services they offer - Yes ( ) No ( )

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian's Signature:** \_\_\_\_\_ (If participant is under 18 years old)

**Initials** \_\_\_\_\_