

**Waiver and Release of Liability**  
**CrossFit Rutherford**  
**Murfreesboro, Tennessee**

**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: falls which can result in serious injury or death, injury of 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 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 or class while at CrossFit Rutherford. **I, the undersigned acknowledge that I have no physical impairment or illnesses that will endanger myself or others.**

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

**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 Rutherford, I the undersigned hereby release CrossFit Rutherford, their principals, 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 child, I also give full permission for any person connected with CrossFit Rutherford 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 and to transport the child to a medical facility deemed necessary for the well being of the child.

**Indemnification:** The participant recognizes that there is risk involved in the types of activities offered by CrossFit Rutherford. 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 attorney's fees and costs to enforce harmless CrossFit Rutherford, 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 Rutherford.

**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 (or 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.**

**Name or participant (print):** \_\_\_\_\_

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the participant is under the age of 18:

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent/Guardian) Print Name:** \_\_\_\_\_

# Information and Health History

## CrossFit Rutherford Murfreesboro, Tennessee

DATE	PHONE#
NAME	ADDRESS
SEX	CITY
AGE	STATE <span style="float: right;">ZIP</span>
DATE OF BIRTH	EMAIL
EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
EMERGENCY CONTACT#	EMERGENCY CONTACT#

Are you currently involved in an exercise program? Yes No

If not, have you exercised regularly in the past? Explain.

If yes, what is your current exercise program?

Do you suffer from back pain? Yes No

If yes, explain.

Do you experience frequent headaches? Yes No

If yes, explain.

Are you epileptic or prone to seizures? Yes No

If yes, explain.

Do you have Asthma? Yes No

If yes, explain.

Do have allergies? Yes No

If yes, explain.

Have you ever had surgery? Yes No

If yes, explain.

Are you diabetic? Yes No

If yes, explain.

List any medications you are currently taking.

I, the undersigned, have read, understood, and have answered the above questions fully and truthfully. I am aware of my responsibilities to consult with my personal physician regarding my medical fitness to engage in exercise. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the training facility and the exercise professional administering the exercise program provided for me.

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_