



Referred by (Member Name): _____

WAIVER FORM

1. MEMBER NAME _____ DATE _____
(Please Print)

ADDRESS _____

HOME PHONE _____ EMAIL ADDRESS _____

2. SEX MALE _____ FEMALE _____ AGE _____

3. HAS A DOCTOR EVER TOLD YOU HAVE ANY OF THE FOLLOWING? (PLEASE CHECK IF YES)

<input type="checkbox"/>	CORONARY DISEASE	<input type="checkbox"/>	ANGINA
<input type="checkbox"/>	RHEUMATIC HEART DISEASE	<input type="checkbox"/>	HEART ATTACK
<input type="checkbox"/>	CONGENITAL HEART DISEASE	<input type="checkbox"/>	STROKE
<input type="checkbox"/>	IRREGULAR HEART BEAT	<input type="checkbox"/>	EPILEPSY
<input type="checkbox"/>	HEART VALVE PROBLEMS	<input type="checkbox"/>	DIABETES
<input type="checkbox"/>	HEART SURGERY	<input type="checkbox"/>	HYPERTENSION
<input type="checkbox"/>	HEART MURMURS	<input type="checkbox"/>	CANCER
<input type="checkbox"/>	CURRENTLY PREGNANT	<input type="checkbox"/>	OTHER

OTHER (PLEASE EXPLAIN):

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING (NAME & REASON):

ARE YOU CURRENTLY EXERCISING A MINIMUM OF 2 TIMES PER WEEK FOR AT LEAST 20 MIN AT A TIME? (PLEASE CHECK ONE)
_____ YES _____ NO

I understand that any recreational activities and exercise programs that I undertake at CrossFit Rail Trail may expose me to risk of personal injury. I agree that it is solely my responsibility and not the responsibility of CrossFit Rail Trail to require me to consult with a physician prior to commencing any such programs, to remain under the medical supervision if that is indicated, and to seek medical assistance in the event of an injury. I recognize that the use of the exercise equipment and other facilities provided by CrossFit Rail Trail entail some risks of an injury to myself and to others and I agree that I will use such equipment and facilities with due care. I hereby release CrossFit Rail Trail and its officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, from any liability from property damage, personal injuries or other claims arising from or in connection with my participation in any exercise program, the use of CrossFit Rail Trail facility and all other courts, fields and trails.

I understand that CrossFit Rail Trail may from time to time photograph, video, or otherwise document workouts and activities in which I participate at the CrossFit Rail Trail facility for use on websites and social media, as well as for internal and business use. I hereby grant CrossFit Rail Trail and its licensees and assign an irrevocable right, title and license to use, simulate and impersonate my name, likeness, voice, appearance, performance and/or biographical information, in connection with the uses described above. Such rights are worldwide, without limitation in number or occurrences or type of media, whether now existing or hereafter created, for a period of without limitation.

PARTICIPANT SIGNATURE _____ DATE _____

If the participant is under the age of 18, (Parent/Guardian) Print Name: _____

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____