



General Liability Release and Express Assumption of Risk

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Email: _____ Cell: _____

In case of an emergency, I would like CrossFit Chaparral to contact: _____

Home and Cell Numbers: _____

Photography/Video Release

_____ Participants involved in any activities offered by CrossFit Chaparral may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the CrossFit Chaparral website or in any editorial, promotional or advertising material produced and/or published by CrossFit Chaparral.

Waiver and Release of Liability

_____ **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 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; strains and sprains. 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, or under direction of CrossFit Chaparral.

_____ **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 offered by CrossFit Chaparral, I, the undersigned hereby release CrossFit Chaparral, 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 Chaparral 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 Chaparral. 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 this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CrossFit Chaparral, 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 Chaparral, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, Chaparral Christian Church, and/or any area selected for training by CrossFit Chaparral.

_____ I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

_____ Excessive work can result (in rare cases) in exertion induced rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney area 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 further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

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 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.

Signature of Participant: _____ Date: _____

If the participant is under the age of 18,

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Reviewed by:

Print: _____ Signature: _____ Date: _____