



CrossFit Q.F.E.



About You

Name: _____ DOB: _____ Age Today: _____

Address: _____ Cell #: _____

City/State/Zip: _____ Home#: _____

Emergency Contact: _____ Relationship: _____ Phone _____

Email Address: _____ I wish to be on mailing list. Initials _____

Referred to CrossFit Q.F.E. by: _____ CFQFE may use my picture/image for promotional purposes Initials _____

General Understanding

I (the undersigned participant) understand that CrossFit is a physical fitness program. I understand that accidents and injuries are an inherent risk of any physical activity. CrossFit Q.F.E. will make every effort to train me to their best ability; however, I will be fully and solely responsible for my fitness results and my health and safety. I understand CrossFit workouts can be very difficult and strenuous on physical, mental, and emotional systems. I will be solely responsible for monitoring myself to keep myself safe at all times. I have been advised that I should consult with a physician prior to engaging in any exercise program and I acknowledge that I am solely responsible for obtaining such consultation and for strictly following the advice of my physician. Initials: _____

Waiver and Release of Liability

Express Assumption of Risk: I wish to engage in CrossFit Q.F.E. training and activities. I am aware that there are significant risks involved in all aspects of physical training, including, without limitation, falls or incidents that 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; and injury or death due to improper use or failure of equipment. I knowingly and willingly assume full responsibility any injury or death that may result from participation in any CrossFit Q.F.E. activity, or program recommended by CrossFit Q.F.E., or from working with CrossFit Q.F.E. trainers. By signing this form, I hereby certify that I am sufficiently physically fit to do CrossFit style training, have no physical impairments or illness that will endanger myself or others, and have unqualified approval of a Certified physician to participate. Initials: _____

Medical Attention: On behalf of myself, I give full permission for anyone connected with CrossFit Q.F.E. to administer first aid, in case of serious illness or injury, to summon emergency medical care, and to transport me to a medical facility. Initials: _____

Consent and Release

In consideration of my voluntary participation into CrossFit Q.F.E., I hereby, release Southeastern Health agents from any and all claims of damage, demands, and actions that may arise from any participation in a fitness program. I release and hold harmless CrossFit, and CrossFit’s officers, affiliates, directors, agents, staff, volunteers, suppliers, licensors, licensees and employees from and against any and all actions, judgments, settlements, claims, liabilities, losses, damages, expenses, and costs (including court costs and attorney’s fees), including, without limitation, for any property damage, personal injury, death or any action, claim, liability, loss, damage or expense against Affiliate based on Affiliate’s operation of Affiliate’s business or premises.

This agreement, including the Release and Indemnification provisions, 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 effective to the maximum extent permitted by law and that it shall be construed liberally in favor of CrossFit Q.F.E. I have had the opportunity to have this document reviewed by counsel and agree that no interpretation of this agreement shall be made based on the identity of the party that drafted it. I have read and understand that the above assumption of risk and release of liability, and I understand that 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 negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Name of Participant (Printed): _____ **Date:** _____

Signature of Participant: _____ **Date:** _____

CrossFit Q.F.E. Staff Representative: _____ **Date:** _____

To Be Complete By Staff
Completed Foundations Classes:

Series 1 (Squat) Date Scheduled: _____ Date Completed: _____ Staff Initials: _____

Series 2 (Press) Date Scheduled: _____ Date Completed: _____ Staff Initials: _____

Series 3 (Deadlift) Date Scheduled: _____ Date Completed: _____ Staff Initials: _____