

CROSSFIT ADVENTURE WAIVER

Name: _____

Address: _____ City, State Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Height: _____ Weight: _____ DOB _____

Emergency Contact: _____ Emergency Phone: _____

How did you hear about CrossFit Adventure? _____

HEALTH ASSESSMENT

Explain

Date of your last physical _____

It is advised that you consult with your physician regarding your health and ailments you may be experiencing prior to working out.

Have you ever had any form of heart disease? Y / N _____

Do you experience shortness of breath or chest pains? Y / N _____

Do you have any of the following? _____

High Blood Pressure Y / N _____

Smoking Y / N _____

Diabetes Y / N _____

Family History of Heart Disease Y / N _____

Any Allergies Y / N _____

Do you currently exercise? Y / N _____

Are you currently taking any medication? Y / N _____

Any problems in the following areas? _____

Knees Y / N _____

Lower Back Y / N _____

Neck/Shoulders Y / N _____

Hip/Pelvis Y / N _____

Other muscle or joint concerns? Y / N _____

Any reason you should not participate in exercise? Y / N _____

In consideration of the forgoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against CrossFit Adventure or anyone associated with the entity, it's Primary Sponsor and it's affiliates, their agents, employees, officers, directors, successors and assigns, the cities in the Contra Costa County and their Park and Recreation Departments, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the outings, workouts, and any pre- and post-activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of any of these activities, and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this workout for any legitimate purpose including commercial advertising.

Signature: _____

Date: _____