

SnoRidge CrossFit

Health Assessment and Waiver

Name:	
Address:	
City:	State: Zip:
Home Phone #:	
Cell Phone #:	
Email:	
Emergency Contact:	
Emergency Phone:	
T Shirt Size:	Birthday (Month/Day only):

HEALTH ASSESSMENT

1. **Do you have any form of heart disease?** Yes / No
2. **Have you ever experienced shortness of breath / chest pains?** Yes / No
3. **Date of last full physical:** _____
4. **Do you have or do any of the following pertain to your health:**

If yes please explain

- | | | |
|----------------------------------|----------|----------------|
| High Blood Pressure? | Yes / No | Levels: _____ |
| Cigarette Smoking? | Yes / No | _____ |
| Diabetes? | Yes / No | Types: _____ |
| Family History of Heart Disease? | Yes / No | Who/Age: _____ |

5. **How often do you exercise per week?** _____
6. **Are you currently taking any medication?** Yes / No Explain: _____

7. Do you have problems in the following areas:

- | | | |
|----------------|----------|----------------|
| Knees | Yes / No | Explain: _____ |
| Lower Back | Yes / No | Explain: _____ |
| Neck/Shoulders | Yes / No | Explain: _____ |
| Hip/Pelvis | Yes / No | Explain: _____ |
| Any Other | Yes / No | Explain: _____ |

8. **Is there any reason you know of that you should not participate in exercise?**
Yes / No Explain: _____

9. **How did you hear about us?**

Referral:	_____
CrossFit.com:	_____
Our website:	_____
Advertising/Flyer:	_____
Other:	_____

We recommend that you clear your participation in any exercise program with your physician.

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INFORMED CONSENT/ASSUMPTION OF RISK:

I, _____, agree to participate in one or more physical fitness program(s)/class(es) sponsored by SnoRidge CrossFit, which may include, but not necessarily be limited to, CrossFit Training, and/or strength training of any kind by any affiliate, subsidiary or partnership of SnoRidge CrossFit and/or Michelle Nugent, Tom Nugent, or employed trainers (hereinafter collectively referred to as SnoRidge CrossFit). SnoRidge CrossFit made me fully aware that the fitness programs/classes which SnoRidge CrossFit offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognize and understand that the programs/classes are not without varying degrees of risk; which may include, but are not limited to the following:

Injury to the musculoskeletal and/or cardio respiratory systems 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, injury or death due to falls/trips/drops or slips before, during and after physical activity, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

Initials: _____

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in SnoRidge CrossFit programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by SnoRidge CrossFit. SnoRidge CrossFit informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. SnoRidge CrossFit informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in SnoRidge CrossFit programs/classes.

Initials: _____

RELEASE:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by SnoRidge CrossFit, and with my full understanding of all of the above, I hereby waive, release, remise and discharge SnoRidge CrossFit and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in SnoRidge CrossFit fitness programs/classes, 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 SnoRidge CrossFit 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.

Initials: _____

Indemnification: I recognize that there is risk involved in the types of activities offered by SnoRidge CrossFit. Therefore I accept financial responsibility for any injury that I, or 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 SnoRidge CrossFit, 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 SnoRidge CrossFit.

Initials: _____

SnoRidge CrossFit Health Assessment and Waiver

Use of picture(s)/film/likeness: I agree to allow SnoRidge CrossFit, its agents, officers, principals, employees and volunteers the a picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform SnoRidge CrossFit of this in writing.

Initials: _____

I have fully read and fully understand 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.

_____/_____/_____
Participant's Name (Signature) (Date)

_____/_____/_____
Legal Guardian (Signature) (Date)

_____/_____/_____
SnoRidge CrossFit Staff (Signature) (Date)

“Squatch Cave” / Kids Area Release of Liability Waiver

Kids Area Waiver of Liability: I willingly assume full responsibility for any and all risks that I am exposing my child or minor (under age 18) to as a result of bringing my child or children to SnoRidge CrossFit facilities and its programs/classes. I further accept full responsibility for any type of harm, injury or potential for death that may result from my child’s participation in any play activity, CrossFit Kids class or general presence in the gym environment. I hereby certify that I know of no medical problems that would increase my child’s risk of illness and injury as a result of entry into SnoRidge CrossFit gym facilities.

SnoRidge CrossFit informed me that there is no supervision of children, other than that of the parent or legal guardian who is responsible for their own child and I fully understand the same. The kids area or “Squatch Cave” is an unsupervised area that may contain toys or contain items that other children have brought along with them, if there is any risk related to these objects being around or in contact with my child I willingly take that risk. I am solely responsible for any and all items, potential food or liquids and other objects that come into contact with my child in SnoRidge CrossFit.

I agree without reservation that I must explain to my child the rules of the gym and that no children are allowed to play on the equipment at any time without express gym owner permission and adult supervision. Should permission be given I further accept any risk to my child or children.

With my full understanding of the above information, I agree to assume any and all risk associated with bringing my minor, child or children along with me in my participation in SnoRidge CrossFit programs/classes.

Initials: _____

Rules and Policy for minors (under age 18) in the gym: I agree to the following rules that apply to children who are present at SnoRidge CrossFit.

- Kids area is an unsupervised area, parents are responsible for their own child, minor, or children
- It is the parent’s responsibility to explain the rules to their own child, minor, or children
- ALL minors MUST remain and wait in the kids area/Squatch Cave during class. This is for their OWN safety!
- Parents MUST CLEAN UP after their child in the “Squatch Cave” upon exiting the gym
- Please do not leave any toys or play items at the gym! Bring them home with you.
- Please keep food and drinks out of the Squatch Cave out of respect to risk of food allergies as well as to limit messes
- Children are NOT to physically operate the television, parents are okay to turn them on, put in movies etc.
- NO throwing of objects
- NO exiting the cave without a parent or coaches attention. This is for their OWN safety!
- NO fighting!
- NO destructive behavior!
- Kids must respect other kids and listen to coaches and parents!
- We ask that all parents and kids/minors must know that other coaches and parents are at liberty to take charge of unruly rugrats and head off potential injuries, tantrums or general meltdowns!

Initials: _____

I have fully read and fully understand 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.

Child’s Name _____ Parent or Legal Guardian Name _____

Parent or Legal Guardian (Signature) _____ (Date) ____/____/____

SnoRidge CrossFit Staff (Signature) (Date) ____/____/____