Anderson River CrossFit WAIVER AND RELEASE FROM LIABILITY

Name:				
Address:	City:	State/Zip:		
Home Phone #:	Cell Phone #:			
Email:				
Emergency Contact:				
Emergency Phone:		<u></u>		
HEALTH ASSES	SMENT			
Have you ever had any forr	n of heart disease?	Yes / No		
Have you ever experienced Date of last full physical:	I shortness of breath or chest pains?	Yes / No	-	
Do you have or do any of the lf yes please explain.	ne following pertain to your heath?			
High Blood Pressure?		Yes / No	Levels:	
Cigarette Smoking?		Yes / No	-	
Diabetes?		Yes / No	Types:	
Family History of Heart Disc	ease?	Yes / No	Who/Age:	
Do you work out at least thr	ree times per week?	Yes / No		
Are you currently taking any	y medication?	Yes / No	Explain:	
Do you have problems in th	ne following areas?			
Knees		Yes / No	Explain:	
Lower Back		Yes / No	Explain:	
Neck/Shoulders		Yes / No	-	
Hip/Pelvis		Yes / No		
Any Other		Yes / No	Explain:	
Is there any reason you kno	ow of that you should not	\		
participate in exercise?		Yes / No	Explain:	

("Participant"), or Participant's parent or legal guardian if Participant is under the age of 18 years, have requested the use of Anderson River CrossFit facilities and/or equipment, or the purchase or provision of lessons, instruction and/or training related to weightlifting, powerlifting, olympic lifting, gymnastics, plyometrics, calisthenics, running, rowing, biking, climbing, jumping, throwing, injury prevention, and/or activities incidental thereto individually and collectively ("CrossFit Activities") and the use of equipment and facilities at 2721 Martha Street Anderson, CA 96007 and/or any public or private location (collectively "Facilities and Equipment"). I understand and acknowledge that serious disabilities, illness (to include "exertional rhabdomyolysis"), death, accidents and injuries can occur during CrossFit Activities at the Facilities and/or through the use of the Facilities and Equipment in which those CrossFit Activities are held, whenever or however they occur and for such period said activities may continue. I further understand and acknowledge that attending, participating in, volunteering at or spectating at CrossFit Activities may require me to perform strenuous activities, or to be exposed to activities, conditions, individuals, equipment or events which have potential to cause death, illness, serious injury, disability, or property loss. Knowing the risks inherent in, and connected with these CrossFit Activities, conditions, equipment or events, and with the full understanding of the activities I will be performing, on behalf of myself, my executors, administrators, heirs, successors, assigns, and next of kin, I HEREBY FULLY ASSUME THE RISKS OF INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INHERENT IN, AND/OR IN ANY WAY CONNECTED WITH, ATTENDING, PARTICIPATING IN, AND SPECTATING AN ANDERSON RIVER CrossFit EVENT OR OTHER CROSSFIT ACTIVITY AT THE FACILITIES EVEN IF ARISING FROM THE NEGLIGENCE OF OTHER PERSONS EXECUTING A SIMILAR WAIVER AND RELEASE FROM LIABILITY.

I understand that I will not be permitted to Participate in CrossFit Activities without executing this Waiver and Release. As a condition of my participation in CrossFit Activities, I grant Anderson River CrossFit and its employees, members, partners, officers and agents perpetual and non-revocable permission to use my name, photographs and video in which my image and likeness appears in connection with my Participation in CrossFit Activities and further grant permission to display, publish, distribute, use, print and reprint such images and likeness, and the right to employ such images or likeness in advertising and promotions relating thereto or to Anderson River CrossFit or any activities at or related to CrossFit, including any advertisements or media and electronic displays and transmissions thereof (herein "Likeness Rights"). I release Anderson River CrossFit and its employees, members, partners, officers and agents from any and all liability for damages for use in any manner or media of the likeness rights, and waive any and all claims and causes of action for damages for use of the likeness rights, including but not limited to: unauthorized use of my likeness, image, character or persona; violation of my right of publicity or privacy; and for copyright or moral rights infringement, defamation, or being cast in a bad light.

I understand and agree that this agreement is a full and final release covering all known and unknown and unanticipated injuries, debts, claims or damages to him/her that have arisen or may have arisen from any matters, acts, omissions or dealings released in this agreement, including but not limited to the use of the photographs and likeness rights.

The undersigned acknowledges that he/she is aware that he/she may hereafter discover facts in addition to, or different from, those which he/she now knows or believes to be true, but it is his/her intention hereby, fully and finally and forever, to settle and to release any and all matters, disputes and differences, known or unknown, suspected or unsuspected, that do now exist, may exist or heretofore have existed with respect to those matters described herein. I expressly waive and relinquish any and all rights or benefits that I may now have, or in the future may have as to these matters released herein, under the terms of Section 1542 of the California Civil Code and any similar law of any state or territory of the United States. Said section provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

By signing below, the undersigned also waives any and all rights he/she may have, independently or on my behalf, in connection with my image or likeness on such photograph(s) and likeness rights, and consents to, joins with and ratifies all grants of permission, waivers, discharges and releases set forth herein above.

Undersigned: _		
_	(Type or Print Name)	
Date: _		
By:		
•	(Signature)	

I KNOWINGLY RELEASE, INDEMNIFY, HOLD HARMLESS, AND DISCHARGE the following persons and entities: The City of Anderson; CrossFit, Inc.; Anderson River CrossFit; and the officers, members, directors, employees, representatives, independent contractors, family members, and agents ("Releasees") of any and all of the above in connection with any claim arising from or in any way connected with my Participation in CrossFit Activities at the facilities and/or use of the equipment, whenever or however they occur and for such period said activities may continue. I AGREE NOT TO BRING ANY CLAIM AGAINST RELEASEES, which claims concern in any way death, injury, damage, or loss of any type or nature, which arise out of, are related to, or are in any way connected with attending, participating in, volunteering at or spectating at CrossFit activities, and/or which arise out of or are connected in any way with my use of, or my presence at the Facility(ies) at which (those) activities held, whether injury, death or disability, loss or damage is caused in whole or in part by negligence, gross carelessness, or other acts or failure to act of those persons or entities.

I HEREBY AFFIRM AND ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT. I HEREBY AFFIRM AND ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND THEREBY. IF I AM UNDER THE AGE OF EIGHTEEN YEARS, MY PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

	Date:		
Address:	(Print Name)	(Signature) Apt #:	
Phone No:	()		
	PARENTAL CON	ISENT AND RELEASE	
foregoing Waiver a	nd Release on beha	ent/nature/legal guardian of("Participant") hereby executes the alf of the minor named herein. I hereby by rexecutor, administrators, heirs, success	ind
assigns, and next of k the legal capacity an agree to indemnify an	in, to the terms of to a authority to act fo ad hold harmless the	this waiver and release. I represent that I or, or on behalf of, the minor named here e persons and entities named herein fron	have in. I n any
of my legal capacity of	r my authority to ac	ssed against them as a result of, or arising to tor and on behalf of the minor named hase or my execution of the waiver and rele	erein
	Date:		
	(Si	ignature	
	Parent	or Guardian)	