



CrossFit Kids Waiver / Emergency Contact & Photo Release

Name of participant: _____ Sex: ___M ___F Date: ___/___/___

Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ Alternate phone (parent/guardian's cell): _____

Parent/Legal Guardian's email: _____

Participant's DOB: ___/___/___

Physician's name: _____

Date of last physical: ___/___/___

In case of emergency please notify: _____

Phone: _____

1. List all current medications:

	<u>Medicine</u>	<u>Dosage</u>	<u>Reason</u>
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

2. Has your child ever been restricted from physical activity for medical reasons? Please explain _____

The following people have my consent to pick up my child from CrossFit Bermuda:

Name/Cell phone _____

Name/Cell phone _____

Name/Cell phone _____



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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 even death; injury or death due to negligence on the part of the participant, 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 the participant and or my partner(s). I willingly assume full responsibility for the risks that I am exposing the participant 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 BDA. I acknowledge that the participant has no physical impairments, injuries, or illnesses that will endanger them or others. **Initials:**

Release:

In consideration of the above mentioned risks and hazards and in consideration of the fact that the participant willingly and voluntarily participates in the activities offered by CROSSFIT BDA, I, the undersigned hereby release CROSSFIT BDA 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 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 BDA 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 CROSSFIT BDA. Therefore I accept 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 BDA, 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 in respect of activities offered by CROSSFIT BDA, at the main building or elsewhere. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to the main building, and/or any area selected for training by CROSSFIT BDA **Initials:** _____



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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.

Parent's Name (Please Print)

Date

Signature of Parent/Guardian
(for participants under age 18)

Witness

Photo Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of CrossFit, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor: _____

Name of Parent/Guardian: _____

Signature: _____

Date: ____/____/____