

New Athletes and Guests

Name	
Name of Guardian (if under 18)	
Email	D.O.B. mm/dd/yyyy
Street Address	City
Post Code	Phone
Emergency Contact	Phone

Please list any past medical conditions, injuries, or illnesses (include dates): _____

Please list any present medical conditions, injuries, illnesses, or physiological concerns: _____

Do you take any prescription medications? Y N If yes, please list: _____

Have you ever suffered from any of the following:

dizzy spells fainting seizures loss of consciousness heart attack chest pain high blood pressure

If yes, please describe (include dates): _____

Do you suffer from joint or back problems? Y N

If yes, please describe (include dates): _____

Women: Are you pregnant? Y N Have you given birth? Y N When: _____

Is there anything else you would like us to know about your health? _____

New Athletes Only

How did you hear about us? _____

How would you rate your current state of health? 1 (poor) – 10 (excellent): _____

How would you rate your current level of fitness? 1 (poor) – 10 (excellent): _____

How would you rate your current level of stress? 1 (high) – 10 (low): _____

How many times a week do you currently exercise? _____ Is this more or less than usual? _____

Have you competed in sport? Y N If yes, please list and include level: _____

Do you follow any specific dietary plan? Y N If yes, please describe: _____

Do you use any of these health care practices:

massage physiotherapy chiropractic acupuncture naturopath

What are your goals for training with us? _____

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
 (hereinafter referred to as the "Release Agreement")
**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM
 COMPENSATION FOLLOWING AN ACCIDENT. PLEASE READ CAREFULLY!**

I, the undersigned, am aware that my participation in physical training, exercise activities and athletics (hereinafter collectively referred to as the "ACTIVITIES") involve many risks, dangers, and hazards **INCLUDING BUT NOT LIMITED TO: SERIOUS BODILY INJURY, PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); NEGLIGENCE ON THE PART OF SQUAMISH BARBELL LIFTING COMPANY INC., SQUAMISH BARBELL, CROSSFIT SQUAMISH, THE ORGANIZERS, ITS PRINCIPLES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, OWNERS, SUCCESSORS and ASSIGNS** (hereinafter collectively referred to as "CROSSFIT SQUAMISH"). I understand that my participation in the Activities involves an increased risk of injury to me. I freely accept and I willingly assume full responsibility for all such risks, dangers and hazards, and the possibility of personal injury, death, property damage or loss resulting from the ACTIVITIES while at, or under the direction of, CROSSFIT SQUAMISH.

INITIAL: _____

I agree to self-limit my exertion through my own good judgment and to terminate any physical activity immediately, if it exceeds my personal limitations, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician. If my current fitness/injury status limits my participation in the ACTIVITIES, I understand and assume the risk of injury or other adverse health consequences, including grievous bodily harm and or death, if I exceed the exercise and dietary guidelines recommended by my consulting physicians. I agree that my non-compliance may result in termination of my entitlement to train at CROSSFIT SQUAMISH. I also hereby consent to and permit emergency treatment in the event of any injury or illness.

INITIAL: _____

I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against CROSSFIT SQUAMISH, and TO RELEASE CROSSFIT SQUAMISH from any and all liability for any loss, damage, expense or injury, including death, that I may suffer, or that my next of kin may suffer which are related to, arise out of, or are in any way connected with my participation in the ACTIVITIES while at, or under the direction of CROSSFIT SQUAMISH, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c.337, ON THE PART OF CROSS FIT SQUAMISH. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF CROSSFIT SQUAMISH TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS, WHETHER KNOWN OR UNKNOWN, OF THE ACTIVITIES REFERRED TO ABOVE;

2. TO HOLD HARMLESS AND INDEMNIFY CROSSFIT SQUAMISH from any and all liability for any damage to property of or personal injury to any third party, which are related to, arise out of, are in any way connected with my participation in the ACTIVITIES while at, or under the direction of, CROSSFIT SQUAMISH;

3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;

4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction and any litigation involving the parties to this Release Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

INITIAL: _____

In entering into this Release Agreement I am not relying upon any oral or written representations or statements made by CROSSFIT SQUAMISH with respect to the safety of the ACTIVITIES other than what is set forth in this Agreement. If any portion of this agreement is held invalid, I agree that the remainder of this agreement shall remain in full force and effect.

INITIAL: _____

I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT 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 RELEASE AGREEMENT I AM WAIVING CERTAIN VALUABLE LEGAL RIGHTS, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND REPRESENTATIVES MAY HAVE AGAINST CROSSFIT SQUAMISH INCLUDING THE RIGHT TO SUE.

Participant's Name (please print)	
Signature of Participant	
D.O.B. mm/dd/yyyy	Current date: mm/dd/yyyy

If the participant is under the age of 18:

Signature of Parent/Guardian:	Signature of Witness:
Name of Parent/Guardian (please print):	Name of Witness (please print):
Phone # of Parent/Guardian:	Phone # of Witness:

PARENTAL CONSENT FOR MINOR PARTICIPATION and INDEMNITY AGREEMENT

I have read and understood and signed the above Release Agreement and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out. In consideration of the participation of my minor child/ward, I too agree to waive, release, and indemnify CROSSFIT SQUAMISH in the terms set out above.

INITIAL: _____

I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, next of kin, executors, administrators assigns, and representatives may have against CROSSFIT SQUAMISH.

INITIAL: _____

PHOTOGRAPHY AND/OR AUDIO-VISUAL RELEASE

Participants involved in any activities offered by CROSSFIT SQUAMISH may be photographed or videotaped during training. I, the undersigned, hereby consent to the use of these photographs and/or audio-videos which may pertain to me (or my child/ward named above) without compensation. I understand that this material may be used by CrossFit Squamish in various publications, public affairs releases, recruitment/promotional materials, on the CrossFit Squamish website, Facebook page or for other related endeavors, and waive any rights of compensation or ownership thereto. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Signature of Participant: _____ Date: _____