

## Health and Fitness Liability Waiver /Informed Consent Form

I, \_\_\_\_\_, have enrolled in a program offered through

**Kanehsatake Crossfit.**

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by **Kanehsatake CrossFit.**

In consideration of my participation in this program, I, \_\_\_\_\_, hereby release **Kanehsatake CrossFit** and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, \_\_\_\_\_, hereby release **Kanehsatake CrossFit** and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

I understand that I may be photographed or video taped while at Kanehsatake CrossFit or any event related to Kanehsatake CrossFit. I agree that Kanehsatake CrossFit may use such Photographs or videos with or without my name for purposes such as publicity, illustration, advertising, and Web content.

I understand that Kanehsatake CrossFit may alternate locations due to events, triathlons, outdoor wod's etc, and that I will be notified prior to any location changes.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_ (Participant's signature)

\_\_\_\_\_ (Parent's Signature/ Legal Guardian for minor)

\_\_\_\_\_ (Witness)                      \_\_\_\_\_ (Date)