

CrossFit Gym Participation Waiver

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Relationship

Waiver and Release of Liability

I acknowledge that participating in CrossFit activities at this gym involves inherent risks including, but not limited to, physical injury, illness, or death. I voluntarily agree to assume all such risks and hereby release and hold harmless the owners, staff, and affiliates of this gym from any and all liability arising out of my participation in activities, use of equipment, or presence on the premises.

☐ I have read, understood, and agree to the terms and conditions above.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
