

CrossFit Competition Release of Liability Form

Participant Information

Full Name

Date of Birth

Address

Email

Phone Number

Emergency Contact

Emergency Contact Name

Relationship

Emergency Contact Phone Number

Release of Liability

I understand that participating in a CrossFit competition involves risks of injury, illness, and even death. I voluntarily assume all risks associated with participation in this event. I hereby release and discharge the event organizers, staff, facility owners, sponsors, and all related parties from any claims, liabilities, or demands arising from my participation.

I certify that I am physically fit and have not been advised otherwise by a qualified medical professional. I agree to abide by all rules and instructions during the event.

I give permission for the use of photos and video taken during the event for promotional purposes.

Participant Signature

Date

If Participant is Under 18

Parent/Guardian Consent: I am the parent or legal guardian of the minor named above. I have read and understand the Release of Liability and consent to their participation in the CrossFit competition.

Parent/Guardian Name

Signature

Date