



CrossFit Castle Rock

Participant Name _____ Birth Date _____ Age _____

Street Address _____

City / State _____ Zip Code _____

E-mail _____ Home Phone _____

Occupation _____ Cell Phone _____

Medical Questionnaire:

High Blood Pressure	YES	NO	If Yes, levels _____
High Cholesterol	YES	NO	If Yes, levels _____
Cigarette Smoking	YES	NO	If Yes, # per day _____
Smoked in the past	YES	NO	If Yes, how long _____
Diabetes	YES	NO	If Yes, Insulin? _____
Family History of Heart Disease	YES	NO	If Yes, who? _____
Do you currently exercise	YES	NO	If Yes, # of times/wk _____
Are you on any medications	YES	NO	If Yes, Type(s) _____

Allergies	YES	NO	If Yes, type's _____
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Problems with:			
Knee(s)	YES	NO	If Yes, specify _____
Lower back, neck or shoulders	YES	NO	If Yes, specify _____
Hips / Pelvis	YES	NO	If Yes, specify _____
Have you had any surgeries in the last year	YES	NO	If Yes _____

Please provide a medical release authorization from your physician if you have any known medical conditions that may affect you during physical activities.

Have you trained in CrossFit before? YES NO If Yes, Where? _____

How were you referred to CrossFit Castle Rock? _____

What are your goals? _____

**WAIVER OF CLAIMS AND RELEASE OF LIABILITY
READ CAREFULLY – THIS AFFECTS YOU'RE YOUR LEGAL RIGHTS**

In consideration of being permitted to participate in the training and physical activities associated with the CrossFit training regimen, which includes intense weight training, cardio-vascular conditioning and endurance, conducted and organized by CrossFit Castle Rock (The Gym of Castle Rock Inc.) Rock, CO 80109, Fran Colombi, Shannon Schoenborn, Spencer Marx, Dan Finck, and any other CrossFit association, hereinafter collectively referred to as "CrossFit," and in recognition that CrossFit training is an inherently DANGEROUS ACTIVITY, Member/Participant and his/her personal representatives, guardians, assigns, heirs and next of kin, hereinafter collectively referred to as "Member," hereby covenants not to sue, waives, discharges and releases and shall hold harmless CrossFit, it's owners, instructors and employees, from all liability to the Member, or in contract, WHETHER CAUSED INWHOLE OR IN PART BY THE NEGLIGENCE OR STRICT LIABILITY OF CROSSFIT, IT'S EMPLOYEES OR INSTRUCTORS OR OTHERWISE, WHILE A MEMBER IS INVOLVED IN ACTIVITIES AT CROSSFIT OR ANY CROSSFIT RELATED FUNCTION, INCLUDING ANY INJURY INCLUDING EQUIPMENT FAILURES.

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by CrossFit or it's employees, representatives, instructors or agents. _____(initials)
2. I agree to indemnify and defend from suit CrossFit or any of its agents or assigns in the event of suit. I agree to waive, release and forever discharge CrossFit, it's officers agents, employees, instructors and representatives against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities and from any activity associated with any injury to me or my family's related to activities with CrossFit. _____(initials)
3. I agree to further release CrossFit, its owners, instructors, and employees from any claim of liability resulting from administering first aid treatment or service rendered to Member during his/her participation in CrossFit activities. _____(initials)
4. Member hereby agrees to personally provide for any medical expenses which may be incurred or necessitated as a result of any injury sustained while participating in any CrossFit class, during training at the facility without instructor present, or performing for or at CrossFit. _____(initials)
5. For promotional purposes, Member gives CrossFit Castle Rock authorization to post on website photos of student and other forms of media/film production taken from the workout sessions and while at the premises of CrossFit Castle Rock. _____(initials)
6. I agree that refunds and carryovers are disallowed with the exception of only 1 expiration date extension due to emergency. All CrossFit class monthly sessions must be used within the 31 days from sign up. _____(initials)
7. Any legal or equitable claim that may arise from participation in the above shall be resolved by Colorado law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature _____

Participant Name _____

Address _____