

# CROSSFIT MURPHY

Date \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, I would like CrossFit Murphy to call:

Mr./Mrs. \_\_\_\_\_

Phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

This person is my: (parent, friend, spouse, etc.) \_\_\_\_\_

Waiver and Release of Liability  
CrossFit Murphy  
1186 Andrews Road  
Murphy, NC 28906

**Express assumption of risk:** I, the undersigned, am aware that there are significant risks involved in any physical training regimen. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. Injury may also result simply from the fact of physical training itself. *By its very nature, physical training seeks to have me push beyond my limits in order to produce a physical adaptation by my body. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout.* I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class training with CrossFit Murphy.

I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger others or myself.

Initials: \_\_\_\_\_

**Release:** In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at CrossFit Murphy, I, the undersigned hereby release CrossFit and CrossFit Murphy, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit Murphy to administer first aid deemed necessary, and in case of serious illness or injury, I give full permission to call for medical and/or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initials: \_\_\_\_\_

**Images:** I authorize CrossFit Murphy to take pictures and videos of me and use them on their website and other promotional and educational materials, including social media.

Initials: \_\_\_\_\_

**Indemnification:** The participant recognizes that there is risk involved in the types of activities offered by CrossFit. Therefore the participant accepts full financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CrossFit and CrossFit Murphy, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by CrossFit.

Initials: \_\_\_\_\_

**I have read and understand the foregoing assumption of risks, and release liability 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 form I am waiving valuable legal rights.**

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under the age of 18,

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian) Print Name: \_\_\_\_\_