CrossFit Central Houston

Health Assessment Waiver



Name:				
Address:	City:	State	/Zip:	
Home Phone #:	Cell Phone #:			
Email:			CrossFit Central H ecommends that you	check with
Emergency Contact:			your physician before any exercise pro	
Emergency Phone:				
Have you ever had any form of heart di	sease?	Yes / No		
Have you ever experienced shortness of Date of last full physical:	of breath or chest pains?	Yes / No		
Do you have or do any of the following If yes please explain.	pertain to your heath?			
High Blood Pressure?		Yes / No	Levels:	
Cigarette Smoking?		Yes / No		
Diabetes?		Yes / No	Types:	
Family History of Heart Disease?		Yes / No	Who/Age:	
Do you work out at least three times pe Are you currently taking any medication		Yes / No Yes / No	Explain:	
Do you have problems in the following	areas?			
Knees		Yes / No	Explain:	
Lower Back		Yes / No	Explain:	
Neck/Shoulders		Yes / No	Explain:	
Hip/Pelvis		Yes / No	Explain:	
Any Other		Yes / No	Explain:	
Is there any reason you know of that yo participate in exercise?	ou snoula not	Yes / No	Explain:	
Health Assessment/Infe	ormed Consent/A	Assumptio	on of Risk:	
I,	kind by any affiliate, subsiders, managers or members de me fully aware that the fite are of a nature and kind the indersigned, recognize and de, but are not limited to the froi respiratory systems whimy training partner, or other th due to a medical condition	t not necessarily ary or partnersh (hereinafter colle ness programs/cat are extremely understand that ollowing: ch can result in people around ro, whether know	y be limited to, OnRa ip of CFCH Strength ectively referred to as classes which CrossFi strenuous and can/mathe programs/classe serious injury or death dun or unknown by me.	amp, Boot Camp and Conditioning a CrossFit Centra it Central Houston ay push me to the as are not withou th, injury or death e to improper use
Initials:				
I fully understand and willingly assume from participation in CrossFit Central Houston result from participation in any activity, c	n programs/classes and acce	pt full responsibi	lity for any injury or de	eath that may

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that would increase my risk of illness and injury as a result of participation in a fitness program designed by CrossFit Central Houston. CrossFit Central Houston has informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. CrossFit Central Houston informed me that these changes could include, but are certainly not limited to, abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in CrossFit Central Houston fitness programs/classes.

initials:
Release:
In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by CrossFit Central Houston, and with my full understanding of all of the above, I hereby waive, release, remise and discharge CrossFit Central Houston and its agents, members, managers, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with any occurrence at or surrounding the CrossFit Central Houston facilities, or my participation in CrossFit Central Houston fitness programs/classes, 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 Central Houston to administer first aid deemed necessary, and in case of serious illness or injury, I give 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:
Indemnification: I recognize that there is risk involved in the types of activities offered by CrossFit Central Houston. Therefore, I accept financial responsibility for any injury that I or 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. If further agree to indemnify, defend, and hold harmless CrossFit Central Houston, 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 Central Houston.
Initials:
Use of picture(s)/film/likeness: I agree to allow CrossFit Central Houston, its agents, officers, principals, employees and volunteers to use pictures, film/video and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit Central Houston of this in writing.
Initials:
I have fully <u>read</u> and fully <u>understand</u> the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify, defend, and hold harmless 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 <u>signing</u> this form I am <u>waiving</u> valuable legal rights.
Participant's Name (please sign)
Legal Guardian (please sign)