

# CrossFit SOUTH AURORA

CrossFit South Aurora  
16312 E. Quincy Ave.  
Aurora, CO 80015  
Phone:720-933-3283

## LIABILITY RELEASE & WAIVER AGREEMENT

I, the undersigned (or my parents or legal guardian if I am a minor), have voluntarily submitted my application for registration as a student in the CrossFit program. By submitting my application for membership. I do hereby certify that I am fully aware of and understand the inherent dangers in participating in activities involving CrossFit and other training programs, and of the basic safety rules and procedures of the exercises which I might perform.

I understand and agree that the operators of CrossFit South Aurora, its owners, the instructors, or any other student, will not be responsible for my safety, nor will any of these parties or individuals serve as guardian of my safety.

I understand and agree that the operators of CrossFit South Aurora, its owners, the instructors, or any other student, will not be responsible for the safety of any children I might bring into CrossFit South Aurora during my work out session.

I understand and agree that in consideration of my being allowed to participate in CrossFit training. I hereby personally assume any and all risks involved in connection with said training. Furthermore, I release forever the instructors and students of the CrossFit South Aurora Center, their agents or assigns, and any other individual or entity associated with this program, from liability, whether foreseen or unforeseen, arising out of my participation in CrossFit events or activities: including any harm, injury, or damage that may occur to me or befall me, my family, descendants, heirs, or assigns while practicing or performing CrossFit at any time or place, or while traveling to or from CrossFit related events or activities.

I understand for promotional purposes, Member gives CrossFit South Aurora authorization to post on website, photos of students and other forms of media/film production taken from the workout sessions and while at the premises of CrossFit South Aurora.

I state that I am of lawful age and legally competent to sign this agreement. and that my signing this agreement is my own free act (unless this is signed by a parent or legal guardian). I understand and agree that the terms herein are contractual, and they are not mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume sole responsibility for my physical condition and capability to perform under the CrossFit programs in which I may participate.

Students Signature: \_\_\_\_\_(initial)

Date: 10/18/2017

By (Parent or Legal Guardian if applicable): \_\_\_\_\_(initial)

Date:

Signature \_\_\_\_\_ Date \_\_\_\_\_