



RAW Training Waiver & Photo Release for Minors

Child's Name:	Age:	DOB:
Address:		City, State, Zip:
Parent/Guardian Name(s)		
Phone:	Email:	
Emergency Contact Name:		Phone:
Emergency Contact Name:		Phone:

PHYSICAL ACTIVITY

- What is your child's current level of activity? _____
- Does your child participate in team sports? If yes, which ones? _____
- Approximate number of minutes per day of physical activity _____

GENERAL HEALTH

Has your child suffered or been diagnosed with any of the following?

Injury (Mark Y or N)	Date of occurrence	Status of recovery
Broken bones		
Concussion or Head trauma		
Heart Condition		
Allergies		
Asthma		
ADHD		
Other injuries or conditions		

- Is your child currently being treated by a Physical Therapist or Chiropractor? If so, for what?

- Does your child take any prescription or over the counter medications? If yes, please list:

- Does your child need a rescue inhaler? _____
- Do you know any reason why your child should not participate in physical activity? _____
- Additional information: _____

Doctor's Name: _____

Phone: _____



Waiver and Release of Liability: RAW Training/Crossfit RAW

HEALTH NOTIFICATION

RAW TRAINING SERVICES ARE NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE OR A MEDICAL EXAMINATION. PRIOR TO YOUR CHILD'S PARTICIPATION IN ANY PROGRAM, ACTIVITY OR EXERCISE YOU SHOULD SEEK THE ADVICE OF YOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. YOU UNDERSTAND THAT THESE EXERCISES CAN BE STRENUOUS AND SHOULD BE DONE IN MODERATION. THERE IS AN INHERENT RISK IN ANY EXERCISE THAT, WHILE PROVIDING HEALTH BENEFITS, CAN ALSO CAUSE HARM. APPLICATION OR RELIANCE ON THE TECHNIQUES, ADVICE, IDEAS AND SUGGESTIONS OF ANY PERSON ASSOCIATED WITH RAW TRAINING ARE AT THE SOLE DISCRETION AND RISK OF THE PARTICIPANT AND HIS/HER PARENT AND GUARDIAN.

WAIVER

I AGREE, BY ALLOWING MY CHILD TO PARTICIPATE IN ANY PROGRAM ASSOCIATED WITH RAW TRAINING, THAT RAW TRAINING SHALL NOT BE LIABLE TO ANY DIRECT, INDIRECT, SPECIAL CONSEQUENTIAL OR EXEMPLARY DAMAGES FOR ANY INJURY OR HARM TO ME AND MY CHILD INCURRED IN OR AROUND THE PROPERTY WHERE EXERCISE OCCURS. I WILLINGLY ASSUME FULL RESPONSIBILITY FOR THE RISKS THAT I AM EXPOSING MY CHILD TO AND ACCEPT FULL RESPONSIBILITY FOR ANY INJURY OR DEATH THAT MAY RESULT FROM HIS/HER PARTICIPATION IN ANY ACTIVITY OR CLASS FACILITATED BY RAW TRAINING.

X

RELEASE

IN CONSIDERATION OF THE ABOVE MENTIONED RISKS AND HAZARDS, AND IN CONSIDERATION OF THE FACT THAT I AM WILLINGLY AND VOLUNTARILY ALLOWING MY CHILD'S PARTICIPATION IN THE ACTIVITIES AVAILABLE AT RAW TRAINING, I HEREBY RELEASE RAW TRAINING, THEIR BUSINESS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTION, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY, INCLUDING THOSE ALLEGEDLY ATTRIBUTED TO THE NEGLIGENT ACTS OR OMISSIONS OF THE ABOVE MENTIONED PARTIES. I, THE UNDERSIGNED ACKNOWLEDGE THAT MY CHILD HAS NO PHYSICAL IMPAIRMENTS OR ILLNESSES THAT WILL ENDANGER HIM/HER OR OTHERS.

X

IN CASE OF AN EMERGENCY

I GIVE FULL PERMISSION FOR ANY PERSON CONNECTED TO RAW TRAINING 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.

X

PHOTOGRAPHY/VIDEO RELEASE

PARTICIPANTS INVOLVED IN ANY ACTIVITIES OFFERED BY RAW TRAINING MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING TRAINING. THE UNDERSIGNED HEREBY CONSENTS TO THE USE OF THESE PHOTOGRAPHS AND/OR VIDEOS WITHOUT CONSENT OR COMPENSATION ON THE RAW TRAINING WEBSITE OR IN ANY EDITORIAL, PROMOTIONAL OR ADVERTISING MATERIAL PRODUCED BY RAW TRAINING.

X

INDEMNIFICATION

I RECOGNIZE THAT THERE IS A RISK INVOLVED IN THE TYPES OF ACTIVITIES OFFERED BY RAW TRAINING. I THEREFORE ACCEPT FINANCIAL RESPONSIBILITY FOR ANY INJURY THAT MY CHILD OR I MAY CAUSE EITHER TO MYSELF OR TO OTHERS. 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 WILL REIMBURSE THEM FOR SUCH FEES AND COSTS. I AGREE TO INDEMNIFY AND HOLD HARMLESS RAW TRAINING, 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 RAW TRAINING.

X

ACCEPTANCE

I, THE UNDERSIGNED, DO HEREBY VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE AFOREMENTIONED AND THAT BY SIGNING; IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSONAL AND DAMAGE TO PROPERTY CAUSED BY ME. I UNDERSTAND THAT BY SIGNING BELOW, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name

Parent/Guardian Name

Parent/Guardian Signature

Date