CROSSFIT R.A.W.
realize the athlete within
TRAINING

Name: _____ date of birth: _____
Address: _____ phone: _____
_____ cell: _____
E-Mail: _____
Emergency
Contact: _____ phone: _____
This person is my: spouse friend parent cell: _____

Waiver and Release of Liability
Realize the Athlete Within, LLC and Crossfit R.A.W.

I, _____(client), hereby agree to the following:
That I am participating in the fitness classes/training sessions held by Realize the Athlete Within Training LLC, during which I will receive training information and instruction. I recognize that this fitness program requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. These risks include, but are not limited to : serious injury or death. 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 while at this class. **I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others. Initials:** _____

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the program. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the program.

In consideration of being permitted to participate in the fitness program, I knowingly, voluntarily, and expressively waive any claim I may have against Realize the Athlete Within, LLC for any injury or damages that I may sustain as a result of participating in their programs.

I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Realize the Athlete Within Training, LLC or any of their employees or trainers for any injury or death caused by their negligence or other acts.

I have read the above agreement of release, waiver of liability, and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Client : _____ date: _____

If under 18 please provide printed name, relationship and signature of parent or legal guardian:

_____, _____, _____, _____
Printed Name Relationship Signature Date