

Personal Information

Name: _____ Date of Birth: _____
 Address: _____ Phone # () _____
 _____ Email: _____

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

Mr./Ms. _____
 Phone # () _____ Work phone # () _____

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

Waiver and Release of Liability

CrossFit Plainfield
 24119 Riverwalk Court, #137
 Plainfield, IL 60544

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 intensive 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 while training with CrossFit Plainfield, either at 24119 Riverwalk Court, #137 or other locations.

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

Initials: _____

Release: In consideration of the above mentioned risks and hazards, and in consideration of the fact that I am willing and voluntarily participating in the activities available at CrossFit Plainfield, I, the undersigned, hereby release CrossFit and CrossFit Plainfield, their principals, 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 participation in this activity, including those allegedly attributed to 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 Plainfield 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.

Indemnification: The participant recognizes that there is a risk involved in the types of activities offered by CrossFit. Therefore, the participant accepts 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 Plainfield, their principles, 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.

I have read and understood the foregoing assumption of risk, and Release of 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 cause 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: _____

Printed Name of Parent or Guardian: _____

CrossFit Plainfield Health Assessment

Do you have any form of heart disease? Yes No

Have you ever experienced shortness of breath/chest pain? Yes No

Date of last physical: _____

Do you have or do any of the following pertain to your health:

High Blood Pressure? Yes No Types: _____

Family history of heart disease? Yes No Who/Age? _____

How often do you currently exercise per week? _____

Are you currently taking any medication? 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 you should not participate in exercise? Yes No

Explain: _____