



Your Crossfit program is offered by Insight Training, Crossfit CORE K-Town, Crossfit Kids CORE K-Town, The CORE and Godbout Property Holdings Inc (Collectively "The CORE") . This waiver is a release against each and all of these parties and their owners, employees and coaches.

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Prov/Postal: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Health Card # _____

THE CORE recommends that you clear your participation in any exercise program with your physician.

HEALTH ASSESSMENT

Have you ever had any form of heart disease? Yes / No

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

Date of last full physical: _____

Do you have or do any of the following pertain to your health? If yes please explain.

High Blood Pressure? Yes / No Levels: _____

Cigarette Smoking? Yes / No

Diabetes? Yes / No Types: _____

Family History of Heart Disease? Yes / No Who/Age: _____

Are you Currently Active? Yes / No Min/Week _____

Are you currently taking any medication? Yes / No Explain: _____

Do you have any Allergies? Yes/No Explain: 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 area? Yes / No Explain: _____

Is there any reason you know of that you should not participate in exercise? Yes / No Explain: _____

INFORMED CONSENT FORM

The “Core” offers programs that involve a wide range of physical training including the use of various equipment, techniques, instruction, activities and training methods that are designed to improve fitness through hard work and strenuous activity. In consideration of “The CORE” allowing me to participate, I acknowledge, understand and I am aware that:

I have voluntarily chosen to participate in training activities provided by “The CORE”. I understand there are inherent risks in all aspects of physical training and I acknowledge that I have been informed of the possible strenuous nature of the training and the potential for undesirable physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, rhabdomyolysis, heart attack and/or death and accordingly acknowledge that I am hereby advised to limit my effort in order to minimise the risks associated with this condition.

Initials: _____

I understand that the training may involve weightlifting, gymnastic movements, strenuous bodyweight exercises and other high exertion activities, and that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, **I am to stop the activity and inform my trainer.** I give “The CORE” and the staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

Initials: _____

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against “The Core” its affiliates, Coaches, directors, officers, employees, agents, volunteers and independent contractors including Insight Training, Crossfit CORE K-Town, Crossfit Kids CORE KTown, The CORE and Godbout Property Holdings Inc (all of whom are hereinafter collectively referred to as “the Releasees”). I agree to **RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the programs, activities and services provided by “The CORE”, due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care. I agree to **HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in any program, activity or service provided by the Releasees.

Initials: _____

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 “The CORE” 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 wellbeing of the child.

Initials: _____

Use of picture(s)/film/likeness: I agree to allow “The CORE”, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me for any promotional purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Functional Fitness of this in writing.

Initials: _____

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS “INFORMED CONSENT FORM” I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTOR, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

Signature of participant: _____ - Date: _____

If the participant is under the age of 18,
Signature of Parent/ Guardian: _____ Date: _____

(Parent/Guardian) Print Name: _____