

**ATOMIC CROSSFIT
REGISTRATION FORM**

Participant Name: _____ Birth Date: _____ Age: _____

Street address: _____

City / State: _____ Zip Code: _____

Email: _____ Home Ph: _____

Occupation: _____ Cell Ph: _____

Medical Questionnaire:

High Blood Pressure: YES NO If yes, levels _____

High Cholesterol: YES NO If yes, levels _____

Cigarette Smoking: YES NO If yes, # Per Day _____

Smoked in Past: YES NO If yes, how long _____

Diabetes: YES NO INSULIN: YES NO

Family History of Heart Disease YES NO Who/Age _____

Do you currently exercise: YES NO # of Times/Week _____

Are you on medication YES NO Type(s) _____

Allergies / Allergies to Medication YES NO Specify allergy _____

Problems in:

Knee(s) YES NO _____

Lower Back/Neck Shoulders YES NO _____

Hips/Pelvis YES NO

Other Issues: _____

Please provide a medical release authorization from your physician if you have any known medical conditions that may affect you during physical activities. _____

Have you trained in CrossFit before: YES NO Where: _____

How were you referred to Atomic CrossFit:

***WAIVER OF CLAIMS AND RELEASE OF LIABILITY
READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS***

In consideration of being permitted to participate in the training and physical activities associated with the CrossFit training regimen, which includes intense weight training, cardio-vascular conditioning and endurance, conducted and organized by Atomic CrossFit of 12999 Murphy road, M-14, Stafford, Texas 77477, Grace Patenaude, Jim Kelly, John Bryant, and any other CrossFit association, hereinafter collectively referred to as "CrossFit," and in recognition that CrossFit training is an inherently DANGEROUS ACTIVITY, Member/Participant and his/her personal representatives, guardians, assigns, heirs, and next of kin, hereinafter collectively referred to as "Member", hereby covenants not to sue, waives, discharges and releases and shall hold harmless CrossFit, it's owners, instructors, and employees, from all liability to the Member, for all losses, damage, and any claim or damage therefore on account of any injury to the person or property or resulting permanent injury or death of the Member, or in contract, WETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR STRICT LIABILITY OF CROSSFIT, IT'S EMPLOYEES OR INSTRUCTORS OR OTHERWISE, WHILE MEMBER IS INVOLVED IN ACTIVITIES AT CROSSFIT OR ANY CROSSFIT RELATED FUNCTION, INCLUDING ANY INJURY INVOLVING EQUIPMENT FAILURES.

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by CrossFit or it's employees, representatives or agents. _____
2. I agree to indemnify and defend from suit CrossFit or any of its agents or assigns in the event of suit. I agree to waive, release, and forever discharge CrossFit, it's officers, agents, employees and representatives against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities and from any activity associated with any injury to me or my family's related to activities with CrossFit. _____
3. I agree to further release CrossFit, its owners, instructors and employees from any claim of liability resulting from administering first aid treatment or service rendered to Member during his participation in CrossFit activities. _____
4. Member hereby agrees to personally provide for any medical expenses which may be incurred or necessitated as a result of any injury sustained while participating in any CrossFit class, during training at, or performing for or at CrossFit. _____
5. For promotional purposes, Member gives Atomic CrossFit authorization to post on website photos of student and other forms of media/film production taken from the workout sessions and while at the premises of Atomic CrossFit.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Texas law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER

UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____

Signature: _____

Participant: _____

Address: _____

_____, _____

In case of an emergency, please call _____
(Relationship: _____) at _____ Ext. _____ (Day), or
_____ Ext. _____ (Evening).