



# REGISTRATION – PRINT CLEARLY

We will contact you via email

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact (name/number): \_\_\_\_\_

I, the undersigned, hereby expressly and affirmatively state that I have voluntarily chosen to participate in a physical activity program at CrossFit Tri County. I acknowledge being informed that physical activities involve certain risks. I understand that my participation in my exercise program, classes and use of the facilities at CrossFit Tri County involve possible risk of personal injury. I, the undersigned, hereby waive, release and forever discharge CrossFit Tri County (its employees and owners), and from any claims, demands and causes of action arising from my participation in any activities or my use of equipment or machinery at CrossFit Tri County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CFTC Rep: \_\_\_\_\_

## PLEASE ANSWER THE BELOW QUESTIONS

How did you hear about us?

Why are you here and what are your short term fitness goals?

Do you any health issues that might limit your activity? Any injuries we need to be aware of to scale your workouts appropriately, as we work to build up strength around the injured areas?



**RELEASE FROM LIABILITY AND ASSUMPTION OF RISK (ADULT)**

***PLEASE READ CAREFULLY, COMPLETE, AND INITIAL EACH PARAGRAPH BEFORE SIGNING***

I, \_\_\_\_\_, have applied for membership to CrossFit Tri-County's CrossFit based exercise training program (the "Program") and use of CrossFit Tri County facilities and/or equipment, or the purchase or provision of lessons, instruction and/or training related to weightlifting, powerlifting, Olympic lifting, gymnastics, plyometrics, calisthenics, running, rowing, biking, climbing, jumping, throwing, diet, nutrition, injury prevention, and/or activities incidental thereto individually and collectively ("CrossFit Activities") and the use of equipment and facilities at 260 Maple St. Bellingham, MA 02019 and/or any public or private location (collectively "Facilities and Equipment"). I understand and acknowledge that serious disabilities, illness (to include "exertional rhabdomyolysis"), death, accidents and injuries can occur during CrossFit Activities at the Facilities and/or through the use of the Facilities and Equipment in which those CrossFit Activities are held, whenever or however they occur and for such period said activities may continue. I further understand and acknowledge that attending, participating in, volunteering at or spectating at CrossFit Activities may require me to perform strenuous activities, or to be exposed to activities, conditions, individuals, equipment or events which have potential to cause death, illness, serious injury, disability, or property loss. Knowing the risks inherent in, and connected with these CrossFit Activities, conditions, equipment or events, and with the full understanding of the activities I will be performing, on behalf of myself, my executors, administrators, heirs, successors, assigns, and next of kin, I HEREBY FULLY ASSUME THE RISKS OF INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INHERENT IN, AND/OR IN ANY WAY CONNECTED WITH, ATTENDING, PARTICIPATING IN, AND SPECTATING A CROSSFIT TRI COUNTY EVENT OR OTHER CROSSFIT ACTIVITY AT THE FACILITIES EVEN IF ARISING FROM THE NEGLIGENCE OF OTHER PERSONS EXECUTING A SIMILAR WAIVER AND RELEASE FROM LIABILITY

\_\_\_\_\_ I hereby acknowledge that I should consult with my physician before beginning any exercise program.

\_\_\_\_\_ I certify that I am not aware of any medical condition which would render me unfit to participate in any exercise program and that I will inform CrossFit Tri-County and Head Coach Scott St Cyr immediately of any change in my medical condition.

\_\_\_\_\_ I agree that if I experience symptoms such as shortness of breath, chest pain, unusual fatigue, dizziness or fainting, or extreme pain, whether or not I am under the direct supervision of my trainer, I will immediately stop exercising and inform the lead coach on duty (or any other CFTC Representative) of my symptoms.

\_\_\_\_\_ I authorize any representative of CrossFit Tri-County to obtain emergency medical treatment for me, including transportation to a hospital or other medical facility.

\_\_\_\_\_ I KNOWINGLY RELEASE, INDEMNIFY, HOLD HARMLESS, AND DISCHARGE the following persons and entities: Maple Tree Properties and/or its Board, Members, Owners and/or Tenants; CrossFit, Inc.; CrossFit Tri County; and the officers, members, directors, employees, representatives, independent contractors, family members, and agents ("Releases") of any and all of the above in connection with any claim arising from or in any way connected with my Participation in CrossFit Activities at the Facilities and/or use of the Equipment, whenever or however they occur and for such period said activities may continue. I AGREE NOT TO BRING ANY CLAIM AGAINST RELEASEES, which claims concern in any way death, injury, damage, or loss of any type or nature, which arise out of, are related to, or are in any way connected with attending, participating in, volunteering at or spectating at CrossFit Activities, and/or which arise out of or are connected in any way with my use of, or my presence at the Facility(ies) at which (those) activities held, whether injury, death or disability, loss or damage is caused in whole or in part by negligence, gross carelessness, or other acts or failure to act of those persons or entities.

**I HEREBY AFFIRM AND ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT. I HEREBY AFFIRM AND ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND THEREBY.**

Date: \_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Signature)



## PARENTAL CONSENT AND RELEASE FOR MINORS

The undersigned parent/nature/legal guardian of \_\_\_\_\_ (“Participant”) hereby executes the foregoing Waiver and Release on behalf of the minor named herein. I hereby bind myself; the minor named herein, his/her executor, administrators, heirs, successors, assigns, and next of kin, to the terms of this Waiver and Release. I represent that I have the legal capacity and authority to act for, or on behalf of, the minor named herein. I agree to indemnify and hold harmless the persons and entities named herein from any claims and liabilities, which may be assessed against them as a result of, or arising out of my legal capacity or my authority to act for and on behalf of the minor named herein in the execution of the Waiver and Release or my execution of the Waiver and Release.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature Parent or Guardian)