



Type: CF Yoga GFC-_____

1st Class On: _____

Instructor: _____

Entered _____ By _____

Emailed _____

WAIVER & HEALTH INFO

Name _____ Cell #: _____

Email _____ Home #: _____

Address _____ DOB: _____

City, State, Zip: _____ Occupation: _____

In an **EMERGENCY**, I would like Leon Springs CrossFit/Mind Body Yoga Studio to Call:
 Name: _____ Phone #: _____ Relationship: _____

Health Questions

How Often:

Smoke	Y N	_____ (cigarettes per day)
Drink Alcohol	Y N	_____ (drinks per week)
Exercise Now	Y N	_____ (times per week)
Have Heart Condition	Y N	_____ (which ones)
Have Back Pain	Y N	Have High Blood Pressure Y N
Have Knee Pain	Y N	Have Diabetes Y N
Have Shoulder Pain	Y N	Have Asthma Y N

List any previous Injuries AND Surgeries AND Health Condition not listed: _____

Photography/Video Release

Participants involved in any activities offered by Leon Springs CrossFit/Mind Body Yoga Studio may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the above-mentioned company's websites, Face Book pages or in any editorial, promotional or advertising material produced and/or published by Leon Springs CrossFit/Mind Body Yoga Studio. **Initials: X** _____

Waiver & Release of Liability:

Express assumption of risk: I, the undersigned, am aware that there are significant risks involves with all aspects of physical training. These risks include, but are not limited to: falls, which can results 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; strains and sprains. 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 at, or under direction of Leon Springs CrossFit/Mind Body Yoga Studio. **Initials: X** _____

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others. **Initials: X** _____

TURN OVER TO COMPLETE BACK SIDE

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 offered by Leon Springs CrossFit/Mind Body Yoga Studio, I, the undersigned hereby release both said companies, their principals, agents, employees, contractors, 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 the 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 Leon Springs CrossFit/Mind Body Yoga Studio 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. **Initials: X** _____

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by Leon Springs CrossFit/Mind Body Yoga Studio. 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 Leon Springs CrossFit/Mind Body Yoga Studio, their principals, 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 intention act or omission while participating in activities offered by Leon Springs CrossFit/Mind Body Yoga Studio, at the main building or abroad. This includes but is not limited to roadways, parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by said companies. **Initials: X** _____

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing below, it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: **X** _____ Date: _____
Print Name: _____

If the participant is *under the age of 18*:

Signature of Parent/Guardian: **X** _____ Date: _____
Print Name: _____

For Office Use Only: Reviewed By (Print): _____ Date: _____ Signature: _____
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