



"Where impossible doesn't exist"

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact #1: _____ Relationship: _____

Emergency Contact #2: _____ Relationship: _____

Email Address: _____

I wish to be on the CFE3 mailing list: Yes No

How did you hear about CrossFit E3? _____

CrossFit E3 May use my image for promotional purposes: Yes No **Initials:** _____

General Understanding

I (the undersigned) understand that CrossFit is a physical fitness program. I understand that accidents and injuries are an inherent risk of any physical activity. CFE3 will make every effort to train me to the best of their ability. However, I will be fully and solely responsible for my fitness results as well as my health and safety. I understand that CrossFit workouts can be very difficult and strenuous on physical, mental and emotional levels. I will be solely responsible for monitoring myself to keep myself safe at all times. I have been advised that I should consult a physician prior to engaging in any exercise program and I acknowledge that I am solely responsible for obtaining such consultation and for strictly following the advice of a physician.

Initials: _____

Waiver and Release of Liability

Express Assumption of Risk: I wish to engage in CFE3 training and activities. I am aware that there are significant risks in all aspects of physical training, including without limitation, falls, or incidents that can result in serious injury or death; injury or death due to negligence on the part of myself, training partner, or other people around me and injury or death due to improper use of failure of equipment. I knowingly and willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury that may result from

participation in any CFE3 activity, any program recommended by CFE3, or from working with CFE3 trainers. By signing this form, I hereby certify that I am sufficiently physically fit to do CrossFit style training, have no physical impairments or illness that will endanger myself or others, and have approval from a physician to participate in this program.

Initials: _____

Release and Indemnification: In consideration of the above mentioned risks and hazards and of the fact that I am knowingly, willingly and voluntarily participating in the activities provided at CFE3 and as part payment for the services provided by CFE3, I hereby release, hold harmless and indemnify Eagle Elite Evolution LLC, dba CrossFit E3 (CFE3), it's owners, members, customers, participants, managers, agents, employees, contractors, volunteers and or anyone acting on their direction of behalf (the "released parties") from any and all liability, claims demands, actions, or causes of action that may directly or indirectly relate to or otherwise arise out of my participation in any CFE3 activity or class, any activity or training program recommended by CFE3 or from working with CFE3 trainers. I further agree to indemnify and hold harmless the released parties from liability for the injury or death of any person(s), including myself and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by or at CFE3.

Initials: _____

Medical Attention: On behalf of myself and/or on behalf of the minor child for whom I have signed, I give full permission for any person connected with CFE3 to administer first aid, and in case of serious illness or injury, to summon emergency medical care, and to transport me or the child to a medical facility.

Initials: _____

This agreement, including the Release and Indemnification provisions, 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 to the maximum extent permitted by law and that it shall be construed liberally in favor of CFE3. I have had the opportunity to have this document reviewed by counsel and agree that no interpretation of this agreement shall be made based on the identity of the party that drafted it. I have read and understand the above assumption of risk and release of liability, and I understand that signing 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.

_____ **Date** _____
Signature of participant



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Medical Disclosure Form

CrossFit E3 is designed to help you help yourself. Many health benefits are associated with regular exercise and working out in a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazards. The questions below are designed to help CFE3 identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and circle YES or NO opposite the question if it applies to you. If you circle YES for any question, please explain on the line below the question.

1. Has your doctor ever told you that you have heart trouble? YES NO

2. Do you frequently have pain in your heart and/or chest? YES NO

3. Do you often feel pain or have spells of severe dizziness? YES NO

4. Has your doctor ever told you that you have bone or joint problems, such as arthritis that has been aggravated by exercise, or may be made worse with exercise? YES NO

5. Has a doctor ever said that your blood pressure was too high? YES NO

6. Is there a good physical reason, not mentioned here, why you should not follow any activity program even if you wanted to? YES NO

7. Are you over age 60 and not accustomed to vigorous exercise? YES NO

8. Do you suffer from any problems of the lower body, ie: chronic pain or numbness? YES NO

9. Are you currently taking any medications? If YES, please specify: YES NO

10. Do you currently have a disability or communicable disease? YES NO

11. Are there any other medical concerns that we should know about before you begin workouts at CrossFit E3? YES NO

If you answered NO to all of the questions above, it gives us a general indication that you may participate in physical and aerobic and anaerobic fitness activities. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, CrossFit E3 may require written permission from a physician before participating in physical fitness activities at CrossFit E3.

PRINT NAME

SIGNATURE

DATE