



We're Passionate About Community

Liability & Informed Consent

Participant Name: _____ Parent Name if Minor: _____

Phone: _____

Participant's Date of Birth: _____

Email: _____

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

Emergency Contact (Name & Number): _____

Spouse/Partner (Name & Number): _____

Photography/Video Release: Participants involved in any activities offered by CrossFit Chippewa Falls may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the CrossFit Chippewa Falls website/Facebook/Instagram page or any editorial, promotional or advertising material produces by CrossFit Chippewa Falls. **Initials:** _____

Waiver and Release of Liability: Express assumption of risk; I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself/child, training partner, or other people around me/them; injury or death due to improper use or failure of equipment; strains or sprains. I am aware that any of these above-mentioned risks may result in serious injury or death to myself and/or my child and/or our partner(s). I willingly assume full responsibility for the risks that I am exposing myself/child to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under the direction of CrossFit Chippewa Falls. **Initials:** _____

I acknowledge that I/my child has no physical impairment, injuries, or illness that will endanger myself/my child or others. **Initials:** _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I/my child is willingly and voluntarily participating in the activities offered by CrossFit Chippewa Falls, I the undersigned hereby release CrossFit Chippewa Falls, their principals, agents, employees, 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. **Initials:** _____

Emergency Care: I, or my child, also give full permission for any person connected with CrossFit Chippewa Falls 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 myself/my child and to transport myself/my child to a medical facility deemed necessary for the wellbeing of myself/my child. **Initials:** _____

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by CrossFit Chippewa Falls. 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 CrossFit Chippewa Falls, 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 intentional act or omission while participating in activities offered by CrossFit Chippewa Falls, at the main building or abroad. **Additionally, I enter the building knowing there are dogs on the premise and agree to the aforementioned indemnification policy should any injury result from an animal.**

715-379-6441



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

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Rhabdomyolysis "Rhabdo" Release & Waiver I/my child, _____, in consideration for continued access to the training facility identified herein as CrossFit Chippewa Falls, do hereby acknowledge the significant risks associated with the physical training and programing at this facility. I acknowledged and attest to having fully and carefully read and reviewed this "RELEASE & WAIVER" including all subparagraphs prior to engaging in any physical activity at this facility. Rhabdomyolysis (hereinafter referred to as "Rhabdo") can occur when an individual's physical activity is so intense that muscular cells begin to breakdown and the contents and/or remaining materials enter the bloodstream. Rhabdo may be caused by many other systematic or environmental causes. However, Exertional Rhabdo can occur in athletes of all levels of fitness, resulting in muscle cell destruction. The skeletal muscle breakdown impairs kidney function as those organs are unable to handle increased enzymes that are released into the bloodstream. This induces severe physiological changes in the body. The symptoms of Rhabdo include muscle pain, stiffness and extreme weakness, darkening of the urine (similar to the color of tea or cola), decreased urine output, altered mental status, swelling of the body part involved, either with or without pain. A Rhabdo symptom is pain out of proportion to the amount of soreness that one would generally expect, often producing pain much quicker than one would expect after a workout. Initial: _____

I understand that any concerns on my or my child's part that if I/my child am experiencing any of the symptoms of Rhabdo require immediate presentation to a hospital for emergency treatment. I acknowledge that no third party, either from the facility or otherwise, will be capable of monitoring my urine output or color, and it is my responsibility to be continually cognizant of this symptom and all other symptoms and to monitor them in my own body at all times. I agree that I/my child will remove myself/his/herself from participation and seek medical treatment of my own accord should I/my child have any concerns regarding possible symptoms of Rhabdo. I understand that statistically individuals most likely to experience Rhabdo are those who are in good shape by general standards or who were previously in good physical shape. This includes individuals who were prior athletes. I acknowledge that often the more mentally tough an athlete is and the more athletic they were in the past or currently are, the greater the risk of exposure to Rhabdo. Initial: _____

I/my child agrees to monitor myself/his/herself in a manner that is proportionate to the potential injury that can be occasioned by the condition. I acknowledge and understand that I/my child are the only individuals capable of determining if I/they am/are experiencing Rhabdo symptoms. I hereby agree and do willingly assume responsibility for any risks that I expose myself/my child to and accept full responsibility for any injury or death that may result from participating in this significantly demanding physical activity. I for myself/my child and on behalf of my/their heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE and/or their officers, directors, representatives, agents or employees, subsidiaries, or assigns as well as their independent contractors.

Signature: _____ Date: _____