



CrossFit Barracks
10720 Thornmint Road, STE E
San Diego, CA 92127

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Emergency Contact: _____ Phone: (_____) _____

Birthday: _____ Referred By: _____

Liability Waiver:

I am voluntarily participating in an exercise/fitness program conducted by CrossFit Barracks. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved. _____ (initial)

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program. _____ (initial)

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to; heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to backs, injuries to feet, or any other illness including death. _____ (initial)

I knowingly, voluntarily, and expressly waive any claim I may have against CrossFit Barracks, their employees or owners for injury or damages that I may sustain as a result of participating in the program. _____ (initial)

I, my heirs, or representatives, forever release, waive, discharge, and covenant not to sue CrossFit Barracks, or anyone working on behalf of CrossFit Barracks, for any injury or death resulting from my participation in this activity. _____ (initial)

I agree to allow CrossFit Barracks, or anyone working on their behalf, the use of any photos and/or videos taken of me for their website, facebook, and miscellaneous marketing materials. _____ (initial)

I understand that should I purchase membership to CrossFit Barracks, I will be required to give written notice to crossfitbarracks@gmail.com at least 7 calendar days before my payments process when making any change to my account, or the accounts of anyone I oversee. _____ (initial)

I have read the above waiver and release of liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

Parent or Guardian Signature: _____