



WAIVER AND RELEASE OF LIABILITY

1) **Release.** The undersigned (“Releasor”) acknowledges that his/her attendance at or use flatlander fitness, including without limitation participation in any program or activity and use of the equipment and facilities, could cause injury, which may result from or arise out of attendance at or use of Torgan Fitness, Inc (DBA flatlander fitness & CrossFit 333) or activities. Releasor agrees on behalf of himself/herself and his/hers, heirs, executors, administrators, and assigns, to fully and forever waive, indemnify, and hold harmless, release and discharge Torgan Fitness, Inc, its affiliates and all of its respective officers, trustees, employees, agents, successors and assigns (collectively “Releasees”), from unknown, anticipated or unanticipated, resulting from or arising out of attendance at or use of Torgan Fitness, Inc, or activities, whether related to exercise or not. Further, Releasor hereby waives any and all such claims, damages, demands, rights of action or causes of action, for injury, including, but not limited to personal, bodily, mental injury, economic loss or any damage to releasor, releasor’s spouse, guest, unborn child or relative. In addition, Releasor hereby agrees to release and forever discharge the Releasees from any and all liability for any loss or theft, to damages or personal property. Releasor acknowledges that photos will be taken during workouts at flatlander fitness and gives flatlander fitness permission to have full rights of the photos for use on Website, advertising, etc. Releasor acknowledges that he/she carefully read this Waiver and Release and fully understands that it is a waiver and release of any and all liability.

2) **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TORGAN FITNESS INC (DBA FLATLANDERFITNESS & CROSSFIT 333) AND/OR AFFILIATED ORGANIZATIONS, SIGN IT OF MY OWN FREE WILL, AND VERIFY THIS STATEMENT BY PLACING MY

INITIALS HERE: _____ . Dated: _____

RELEASOR

Athlete Print Name _____

Athlete Signature _____

Guardian Signature, Releasing for (minor consent): _____

Address _____ DOB: _____

City _____ State _____ Zip _____

Phone: (_____) _____ Email: _____

Emergency Contact Name & Phone: _____

Where did you hear about us? _____

Drop-in – What Box are you a member of? _____

Torgan Fitness, Inc, DBA flatlander fitness & CrossFit 333 recommends that you clear your participation in any exercise program with your physician.

1. Have you ever had any form of heart disease? _____
2. Have you ever experienced shortness of breath or chest pain? _____
3. Do you have or do any of the following pertain to your health? If so explain:
 - a. High blood pressure? _____
 - b. Cigarette smoking? _____
 - c. Diabetes? _____
 - d. Family history of heart disease? _____
 - e. Do you work out at least 3x per week? _____
 - f. Are you currently taking any medications (Explain) _____
4. Do you have problems in the following areas? (Explain)
 - a. Knees _____
 - b. Lower back _____
 - c. Neck/Shoulders _____
 - d. Hip/Pelvis _____
 - e. Any other _____
5. Is there any reason that you know of that you should not participate in exercise? _____