



## CROSSFIT ASPHODEL MEMBERSHIP WAIVER

### APPLICANT INFORMATION

Name:

Date of birth (mm/dd/yy):

Tel:

Mobile:

Current address:

Area:

HK / Kowloon / NT

Gender: Male / Female

Email:

**Please read the information below carefully and print and sign your name at the bottom of this form. By signing this consent, you are agreeing to the stipulations and requirements of Training at CrossFit Asphodel.**

I, \_\_\_\_\_, agree to participate in training at CrossFit Asphodel for the previously agreed upon fee.

I am also aware that a different Coach can be assigned to work with me at any time as deemed necessary by CrossFit Asphodel.

I understand that training at CrossFit Asphodel is not a medically supervised program and that training at CrossFit Asphodel is developed for healthy people with no medical conditions or risks, either physical or psychological. In addition to the terms above, I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from participating in this program.

As such, I acknowledge that CrossFit Asphodel did not give me medical advice before this program, and cannot give me any after training at CrossFit Asphodel, related to my physical condition and ability to participate.

If I have any health or medical concerns now or after training at CrossFit Asphodel, I will discuss them with my doctor. The information given to me in any testing provided by CrossFit Asphodel is not intended to diagnose, treat, cure, or prevent any disease, nor is it to give medical advice of any kind. If I have an existing medical condition, before I can begin, I will present CrossFit Asphodel with a medical release form, signed and dated by my personal physician. This form represents my physician's approval to participate in training at CrossFit Asphodel.

I grant permission to CrossFit Asphodel to contact my physician/dietician or health care professional if I require medical supervision during my participation in training at CrossFit Asphodel. I understand that nutritional advice recommended as part of training at CrossFit Asphodel is the sole opinion of the trainers and may not be fully supported by healthcare professionals. Training at CrossFit Asphodel is designed to help participants achieve their fitness goals by altering or maintaining body composition through the application of Strength and Conditioning training.

In consideration of my participation in the activities offered by CrossFit Asphodel, I understand and voluntarily accept this risk and agree that CrossFit Asphodel, its officers, directors, employees, volunteers, agents, independent contractors, any properties and/or facilities will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my spouse, guests, unborn child, relatives or anyone using the facilities whether related to exercise or not.

I understand and acknowledge that CrossFit Asphodel is providing recreational services and may not be held liable for injury due to improper or unsupervised use of equipment. This Agreement is not effective until it is signed and dated. By signing below, I acknowledge and agree that I have read the aforementioned and understand the nature of the activities at CrossFit Asphodel. I agree to all the terms and conditions of this CrossFit Asphodel Agreement and acknowledge that I can receive a copy of it if I deem necessary.

\_\_\_\_\_ Initial



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### EMERGENCY CONTACT

In case of emergency I authorise CrossFit Asphodel to contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_

### PROGRAM CONTENT

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscular endurance, strength, and flexibility), and to improve body composition. Exercise may include aerobic activities, callisthenic exercises, gymnastics and weight lifting.

I understand that the responses of the cardiovascular, musculoskeletal and nervous system to exercise cannot always be predicted and I know there is a risk of certain abnormal changes occurring during or following exercise, which may include abnormalities or problematic outcomes. Use of weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injuries.

\_\_\_\_\_ Initial

### PHOTO/VIDEO RELEASE

I grant to CrossFit Asphodel, its representatives and employees the right to take photographs of me and my property whilst training at CrossFit Asphodel.

I authorise CrossFit Asphodel to use and publish these photos or videos in print and/or electronically. I agree that CrossFit Asphodel may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

\_\_\_\_\_ Initial

### SIGNATURES

I agree to the terms of this waiver. I have fully read and initialised each section and have had a chance to ask appropriate questions.

Signature of applicant:

Date:

Signature of guardian:

Date:

Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

(In the event of the applicant being under 18 years of age on the day of joining)

Staff member: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: