BIRDTOWN CROSSFIT MINOR ATHLETE WAIVER



MINOR ATHLETE INFORMATION:			
Full Name of Minor Athlete (First, M.I., Last)	Date of Birth	Gender:	Male Female
Address	City	State	Zip Code
E-Mail Address		Phone Number	
PARENT/GUARDIAN INFORMATION:			
Name of Parent or Legal Guardian	Mobile Phone Number	Other Phone Number	
Address(if different from Minor Athlete's)	City	State	Zip Code
E-mail Address		_	

ATHLETE WAIVER (by Parent or Legal Guardian)

In consideration of Minor Athlete's use of the facilities, equipment, and instruction provided by Birdtown Fitness LLC (dba Birdtown CrossFit); I hereby agree as follows:

ASSUMPTION OF RISK

I understand that although the facilities, equipment, and instruction are intended to provide a safe and beneficial exercise experience, there are inherent risks involved in strenuous physical activity and use of the facilities, equipment, and instruction. These risks may result in serious injuries to the Minor Athlete including, but not limited to, death, serious neck or spinal injury, heart attack, muscle strains, pulls or tears, broken bones, or joint injuries which may occur during or after my activity. The Minor Athlete's injuries may also include, but are not limited to, economic, emotional, property, mental, or other types of damages. I understand that only the Minor Athlete with my supervision can know his or her physical and mental limits and whether or how to safely expand beyond them. I understand that the Minor Athlete and I have the right, at all times, to halt strenuous physical activity, reconsider its appropriateness for the Minor Athlete, and make my own decision whether to continue. I understand that injuries may be caused, in whole or in part, by the negligence of Birdtown CrossFit, its owners, managers, employees, and agents, other Athletes, or guests.

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I understand the risks and voluntarily assume them.	nitials
 CONTINUED ON REVERS 	SE SIDE —

RELEASE OF LIABILITY, INDEMNIFICATION,

AND COVENANT NOT TO SUE

On behalf of the Minor Athlete, myself, our heirs, executors, administrators, and assigns, I hereby release and forever discharge, indemnify, and hold harmless Birdtown Fitness, LLC (dba Birdtown CrossFit), its owners, managers, employees, and agents from any and all claims, demands, and causes of action arising from my use of the facilities, equipment, and instruction. This is intended to be both a Release of Liability and a Covenant Not To Sue.

I understand I am waiving substantial legal rights.			
initials			
EXECUTION OF WAIVER I have read and understand this Waiver, including its Assumption of Risk and Release of Liability, Indemnification, and Covenant Not To Sue provisions, and that I will give up substantial legal rights by signing it, and I do so knowingly, freely, and voluntarily on the date below, for both the Minor Athlete and myself.			
Signature of Parent or Legal Guardian Date			
EMERGENCY TREATMENT CONSENT			
In case of illness or accident of Minor Athlete, and I cannot be reached by phone, I hereby authorize BTCF to request medical assistance from trained, licensed individuals. In case of emergency, BTCF may request the services of the hospital or ambulance. All costs incurred shall be the responsibility of the parent or guardian. INITIAL:			
PHOTO RELEASE			
Minor Athlete may be photographed or videotaped during training. Minor Athlete's parent or guardian hereby consents, on behalf of parent/guardian and minor Athlete, to the use of such photos or videos without notice or compensation, on the BTCF website or in any editorial, promotional, or advertising material published by, for, or about BTCF.			
INITIALS:			
FOR OFFICE USE ONLY:			