



Personal Information

Name (First Last): _____ Date of Birth: ____/____/____

Address: _____

Phone # (____) _____ Email Address: _____

In case of emergency, I would like CrossFit Resurgens to call: _____ Phone # (____) _____

This person is my (parent, friend, spouse, etc.): _____

Waiver and Release of Liability

CrossFit Resurgens Atlanta, LLC
120 Interstate N Parkway SE, Suite 301, Atlanta, GA 30339

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks 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, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at CrossFit Resurgens Atlanta. **I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.**

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at CrossFit Resurgens Atlanta, I, the undersigned hereby release CrossFit Resurgens Atlanta, 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.

If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit Resurgens Atlanta 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 the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by CrossFit Resurgens Atlanta. 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 Resurgens Atlanta, 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 Resurgens Atlanta.

Initials: _____

Automatic Payment Authorization: I, the undersigned, hereby authorizes CrossFit Resurgens Atlanta to charge my credit card, debit card or checking account on a monthly basis in the amount corresponding to my selected program until I cancel pursuant to the terms of the cancellation policy. I understand that if I choose not to continue I will submit my intent to cancel to dorian@crossfitresurgens.com. If I am a prospective client dropping into a CrossFit class or a Fundamentals Course client, my fee will be charged one time and each subsequent visit will be charged according to current rates.

Cancellation Policy: I acknowledge I must give 30 days notice of cancellation via e-mail to dorian@crossfitresurgens.com. Cancellation requests received after this deadline will be charged in full for the next month's services. Please note, even if the undersigned notifies instructor, the undersigned is still required to send an e-mail to dorian@crossfitresurgens.com to cancel. Such e-mail will serve as the undersigned's cancellation receipt. If due to death or disability, the undersigned is unable to receive all CrossFit Resurgens Atlanta services for which the undersigned has contracted, the undersigned's estate shall be relieved from the obligation of making payment for services other than those received or obligated prior to death or the onset of disability.

Client Consent: I consent to and releases CrossFit Resurgens Atlanta from any liability resulting from CrossFit Resurgens Atlanta use of Client's name and likeness in CrossFit Resurgens Atlanta and/or advertising, promotional and marketing materials, client lists, Web Site, and/or other public relations documents

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 to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of Participant: _____ Date: _____

If the participant is under the age of 18, Signature of Parent or Guardian: _____ Date: _____

(Parent/Guardian) Print Name: _____

Foundational Questions

How did you hear about CrossFit Resurgens Atlanta?

Tell us about any past injuries and their date of occurrence:

Injury	Injury Date	Cleared for Exercise?

Do you have asthma?

Do you smoke?

What allergies do you have?

Have you ever done CrossFit before?

What's your current workout activity?

What are your expectations from your fitness program?

