



"GETTING STARTED" REGISTRATION FORM

Getting Started Class you are signing up for (date): _____

PERSONAL INFORMATION

First Name _____ Last Name _____
 Address _____ City _____ State ____ Zip _____
 Phone _____ (day) _____ (cell)
 Email _____ Date of birth _____
 Emergency Contact _____ Phone number _____
 How did you hear about CrossFit? _____
 Have you done any CrossFit? If yes, for how long? _____

Requirements for all group membership packages: a 3-hour sessions ("Introduction to CrossFit") is required prior to being able to participate in Crossfit classes. This class is designed to teach the fundamental movements and exercises that will be needed to safely perform workout.

_____ **INITIAL HERE.**

Program Agreement: I (the client) have committed to a package of one (1) three-hour session. I understand that by choosing this package, I am liable for any remaining monies owed on the package. I understand this is a contractual agreement and I am obligated to pay the total package price.

_____ **INITIAL HERE.**

Program price: The cost for this class is \$100.

_____ **INITIAL HERE.**

PERSONAL TRAINING RULES & REGULATIONS:

- Any coaching session attended must be paid for prior to the start of the session.
- The client agrees to be at the appointment on time and will give a 24 hour notice for any cancellation. If less than a 24 hour notice is received, the client will be charged for the session missed. If the client is more than 15 minutes late to an appointment, the session will also be charged as used. This is the policy of Hardcore Fitness, Inc. and it is not at the discretion of the personal coaches to waive this policy.
- Training packages are non-refundable.
- Hardcore Fitness & Sports, Inc. reserves the right to suspend or terminate program participation at any time due to disruptive or disorderly conduct, illegal activities, or failure to abide by rules and regulations, or due to the participants breach of any other provision outlined herein.
- All terms and conditions, including all documents incorporated by reference herein, constitutes the entire and exclusive agreement between the parties. Any promises, representations or understandings, oral or written, pertaining directly or indirectly to the terms of participation which are not contained herein, are hereby waived. This agreement may be modified only if done so in writing, signed by the party against which it is being enforced, Hardcore Fitness & Sports, Inc.. rules and regulations which are effective upon publication.

By signing below, you acknowledge all terms of this agreement.

Authorized Signature: _____ Date: _____

Release of Liability/Assumption of Risk Agreement

CrossFit Fairfax recommends that you clear your participation in any exercise program with your physician

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I, _____, acknowledge that I have chosen to participate in one or more physical fitness program(s)/class(es) provided by CrossFit Fairfax, Hardcore Fitness & Sports, Inc., and/or Marguerite Dabe-Colby & Jeff Tincher (hereinafter collectively "CrossFit Fairfax") which may include, but not necessarily be limited to CrossFit Training and/or individual training or coaching of any kind. CrossFit Fairfax has made me fully aware that the fitness programs/classes which CrossFit Fairfax offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I, the undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to the following: injury to the musculoskeletal and/or cardio respiratory systems 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, or injury or death due to a medical condition, whether known or unknown by me, I am aware that any of these above mentioned risks may result in serious injury or death to myself and/or my partner(s). **Initials:** _____

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in CrossFit Fairfax programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program., I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by CrossFit Fairfax. CrossFit Fairfax informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same, CrossFit Fairfax informed me that these changes could include, but are not limited to, abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my fully understanding of the above information, I agree to assume any and all risk associated with my participation in CrossFit Fairfax fitness programs/classes. **Initials:** _____

Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by CrossFit Fairfax, and with my full understanding of all of the above, I voluntarily wave, release, discharge, and hold harmless CrossFit Fairfax and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in CrossFit Fairfax fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. **In signing this document, I fully recognize and understand that if I (or any minor on whose behalf I am signing this release) am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against CrossFit Fairfax, even if they negligently or by some other act or omission cause the injury or damage.**

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. **Initials:** _____

As a parent or legal guardian of a CrossFit Fairfax participant under 18 years of age, I have read and voluntarily agree that said minor may participate in these fitness programs/classes, and I sign this release on their behalf and on the behalf of the minor's parents and legal guardians. In addition, I also give full permission for any person connected with CrossFit Fairfax to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call 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. **Initials:** _____

Indemnification: I recognize that there is risk involved in the types of activities offered by CrossFit Fairfax. Therefore, I accept financial responsibility for any injury that I or 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 defense costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify, defend, and hold harmless CrossFit Fairfax, 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 Fairfax. **Initials:** _____

Use of picture(s)/film/likeness: I further agree to allow CrossFit Fairfax, its agents, officers, principals, employees and volunteers the use of a picture(s), film, and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit Fairfax of this in writing. **Initials:** _____

I have read this document in its entirety, I fully understand the foregoing assumption of risk and release of liability and I understand that by signing it I have released any and all claims against CrossFit Fairfax. I understand that this agreement 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 voluntarily signing this form I am waiving valuable legal rights.

Participant's Name (please sign)

Date

Legal guardian (please sign)

Date