

Grit Fitness Festival
Tidewater Strength and Fitness, LLC Waiver Form

Name (Last)_____ (First)_____ (MI)_____
Home Address (Street)_____ (City)_____ (State)_____
(Zip)_____ Phone (Home)_____ (Work)_____ Ext _____
(Cell Phone #)_____ DOB ____/____/____ Weight _____ Sex: M / F ____
Email _____ I am currently a member at _____
Private Physician _____ Phone _____
Emergency Contact _____ Phone _____
I heard about Team Grit/ CrossFitOP from _____
I am enrolling in: ____ CrossFit Essentials ____ Clinic ____ CrossFitOP Classes
____ Team Grit Competition ____ Private Sessions ____ 1st Visit – Drop In

SECTION I: RISK ASSESSMENT

Have you ever had any form of heart disease?	YES NO
Have you ever experienced shortness of breath or chest pain?	YES NO
Date of last full physical ____/____/____	
Do you have or do any of the following pertain? Please explain to the best of your ability.	Do you have any problems in the following areas? Please explain to the best of your ability.
High Blood Pressure YES NO Levels: _____	Knees YES NO Explain: _____
High Cholesterol Level YES NO Levels: _____	Low Back YES NO Explain: _____
Cigarette Smoking YES NO How many per day? ____	Neck/Shoulders YES NO Explain: _____
Smoked in Past YES NO How long? _____	Hips/Pelvis YES NO Explain: _____
Diabetes YES NO Insulin dependent? ____	Flexibility YES NO Explain: _____
Family history of heart disease YES NO Who/Age? _____	Any other YES NO Explain: _____
Abnormal resting EKG YES NO Explain: _____	
Are you active YES NO	
Activity or Exercise / Times per week / Minutes per session: _____	
Are you currently taking any medication? YES NO Explain: _____	

SECTION II: AGREEMENT

I, _____, (FULL NAME) agree to participate in Tidewater Strength and Fitness, LLC with a certified Instructor. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardio-respiratory systems. 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 Tidewater Strength and Fitness, LLC. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Tidewater Strength and Fitness, LLC and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in Tidewater Strength and Fitness, LLC classes or individual training sessions. The undersigned hereby releases Tidewater Strength and Fitness, LLC as well as waives any and all claims and understands and assumes any and all risk with participation in Tidewater Strength and Fitness, LLC. _____ (Initial Here)

_____ Participant Signature (sign & print name)	_____ Month, day, and year	_____ Instructor (sign & print name)
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Parent or Guardian Signature (If Participant is under the age of 21)

SECTION III: Photography release

I grant to Tidewater Strength and Fitness, LLC, its representatives and employees the right to take photographs (still and video) of me & my property in connection w/ Fitness training. I authorize Tidewater Strength and Fitness, LLC, to use and publish the same in print and/or

electronically. I agree that Tidewater Strength and Fitness, LLC may use such photographs of me with or without my name & for any lawful purpose, including for example such purposes as publicity, illustration, advertising, & Web content. I have read and understand the above:

Signature _____ Printed Name _____ Date _____