



Block Battle 2016 Waiver

Participant's Name (Please Print) : _____

Date of Birth: _____
mm/dd/yyyy

Email Address: _____

Mailing Address: _____

Primary Phone: _____

Emergency Contact: _____ Phone: _____

Allergies or other medical concerns:

I, the undersigned, am aware that Block Crossfit maintains the information above and that staff may have access to the information. Block Crossfit will not share any information with any other party.

WAIVER OF CLAIMS AND RELEASE OF LIABILITY -- PLEASE READ CAREFULLY

It is strongly recommended that you consult your physician prior to participating in any physical activity.

In consideration of my willful participation in the event "Block Battle 2016" (hereafter "event"), I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assignees, do hereby waive, release, and forever discharge the sponsors of this event, their agents, representatives, successors, and assignees, from all liabilities, actions, claims, demand,

damages, costs, and expenses, which I may now or in the future have against them or any of them arising out of or in any way connected with my participation in the event, including but not limited to all injuries that may be suffered by me. I understand that this waiver includes, but is not limited to any claims that are based on negligence or other action or inaction of the above named parties. In consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Block Crossfit, its officers, agents, landlords, employees, and volunteers against all liabilities, claims, damages, and expenses of every kind and nature which grow out of or are in any way connected with the conduct or organization of this event.

I understand that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I agree to obey all posted rules and warnings, and to follow any instructions or directions given by Block CrossFit or its employees, representatives, instructors or agents.

I agree to release Block CrossFit, its owners and employees from any claim of liability resulting from administering first aid treatment rendered to me during my participation in the event.

I give Block CrossFit authorization to take photos and videos of my person and to use those images in any medium (e.g. print, video, digital, etc.). I will not seek compensation of any kind should my likeness, still or motion, be published by Block CrossFit or any vendor contracted by Block CrossFit.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT.

Signature: _____

Date: _____

For Participants Under 18

Parent/Guardian Name (Please Print): _____

Signature: _____

Date: _____