

DROP IN?

CROSSFIT
Telluride Gymnastics and CrossFit, LLC
General Release and Waiver of Liability

Athlete's Name _____ **Date of Birth** _____
Billing Address _____ **City** _____ **State** _____
Zip _____
Phone Number _____ **Email address** _____

Medical restrictions, physical restrictions or allergies

Emergency Contact Name _____ **Number** _____

I (self or name of parent or legal guardian if athlete is under 18) _____ hereby consent to having (athlete's name) _____ in the programs offered by Telluride Gymnastics and CrossFit, LLC. I recognize the potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, that can occur in any activity involving height or motion including, gymnastics, cheerleading, dancing, stunting, CrossFit or trampoline. Consequently I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Telluride Gymnastics and CrossFit, LLC from personal injury or accident of any sort or nature suffered by me (us) the undersigned, by reason of participation or membership in any programs or activities of Telluride Gymnastics and CrossFit. I hereby release, discharge and covenant not to sue Telluride Gymnastics and CrossFit, its representative administrators, directors, agents, officers, volunteers, employees, other participants and if applicable, owners and leasers' of premises on which the activity takes place. I understand that my athlete or I may be photographed while engaged in recreational activities and give permission for photographs to publicize activities for Telluride Gymnastics and CrossFit, LLC. I testify that the athlete (or we) is qualified, in good health, and in proper physical condition to participate. And I acknowledge that as an adult participant in gym activities and / or moving around the gym, with its equipment and possible uneven surfaces, there is risk of injury. I acknowledge that I accept the risk, release Telluride Gymnastics and CrossFit LLC and its agents or employees from liability for such injury and waive the option to sue. As the parent or legal guardian of the aforementioned athlete, I hereby agree to individually protect and insure for the possible future medical expenses which may be incurred as a result of injury sustained while at, for, or under the direction of Telluride Gymnastics and CrossFit, LLC.

Policies – Athletes will not be allowed to participate in activities at Telluride Gymnastics and CrossFit without a signed copy and understanding of this form.

Members of Telluride CrossFit, please initial each item.

- _____ CrossFit classes are unlimited during the month, if the gym is closed for a week, you will be pro-rated.
- _____ All new CrossFit athletes are required to complete our Elements classes to learn and understand the CrossFit philosophy.
- _____ There will be no refunds or credits for missed classes.
- _____ We reserve the right to cancel, reschedule or combine classes if minimum enrollment is not met.
- _____ Membership fees are due before the first class of each month.
- _____ A \$25 charge will be assigned for all returned checks.

_____ **Date** _____

Athlete's Signature

Telluride Gymnastics and CrossFit, LLC
PO Box 79
137 Society Drive
Telluride, CO 81435

DROP IN?

Date

Parent/Guardian Signature (if applicable)