

## CrossFit KOA Client Release Form

Date

Name

Date of Birth

Street Address

City

State

Zip

Email Address

Telephone

Cell

**Emergency Contact**

Name

Telephone

### RELEASE

This release is entered into between the undersigned and CrossFit KOA, LLC. The purpose of CrossFit KOA, LLC is to provide fitness and exercise instruction. The undersigned hereby acknowledges that the following was explained to them and/or agrees to the following:

1. Acknowledges there is risk of sustaining bodily injury during the course of exercise and / or while on CrossFit KOA premises. It is the undersigned's responsibility to check with his or her physician / medical professional to determine if able to safely perform strenuous exercise or physical activity. CrossFit KOA's trainers are not physicians, and are not trained, or qualified in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. The undersigned expressly waives, releases, discharges and agrees not to sue CrossFit KOA, LLC for any liability, including but not limited to death, disability, personal injury or action of any kind, that occurred as a result of the undersigned participating in training programs or training for sporting / fitness activities, or for any other incidents occurring while on CrossFit KOA, LLC premises.
3. The undersigned agrees that this is the full agreement between the parties, and that CrossFit KOA, LLC, and anyone else speaking on CrossFit KOA, LLC's behalf has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement freely and voluntarily without force or coercion.

Signature

Date