



**Wavier / Consent Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Caregivers Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY**

What information do we need to know to provide the best care for your child?

Have you or do you suffer from any of the following:

Heart Condition		Regular Headaches		Chronic Cough	
Arthritis		Cancer		Major Operations	
Asthma		Thyroid Condition		Major Injuries	
Diabetes		Rheumatic Fever		Any condition that may limit activity?	
Heart Palpitations		Muscular Pain or Cramps		Epilepsy	
Infections or infectious diseases		Hernia		Have you been hospitalised lately?	
High/Low Blood Pressure		Back Pain		Any other issues:	

If you answered yes to any of the above or have any condition we need to be aware of can you please give some details:

\_\_\_\_\_

\_\_\_\_\_

Are you taking any non prescribed or prescribed medications YES/NO – If yes please provide details (including side effects):

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I have read and understand the above information and have completed this section to the best of my knowledge:

**Release of Photo's, Liability, Wavier of Claims**

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of CrossFit, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website and waive any rights of compensation or ownership thereto.

By Signing this document you will waive certain legal rights, including the right to sue.

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

**Definitions:**

- The term "Athletic Activity or Athletic Activities" includes but is not limited to Personal Training, fitness class, individual or team competitions, fitness assessments, use of facilities, observation of athletic activities, Olympic lifting, power lifting, strongman training or competitions, gymnastics, strength conditioning, metabolic conditioning, plyometrics, interval training, body weight conditioning, rope climbing, stretching, outdoors running, sports, clinics and services provided by CrossFit Napier.
- The term "injury" shall refer to all forms of physical, mental and emotional injury in any way related to athletic activity and transportation activities but not limited to: death, breaks, strains, lacerations, dislocations, exercise induced rhabdomyolysis, heart failure, concussion, frostbite, hypothermia, heat illness, dehydration, trauma, anxiety and fears.

**Disclaimer:**

I approve for my Daughter/Son to participate in a CrossFit exercise Programme at CrossFit Napier. I understand that it is a programme offered from CrossFit Napier that involves Athletic Activities that are constantly varied and can be strenuous. I acknowledge that in participating in the Athletic Activities there are risks involved. These can include and are not limited to muscle cramps, fatigue, nausea, exercise induced rhabdomyolysis, light-headedness and fainting. In the event of an accident or illness involving my daughter/son, the coach (CrossFit Napier) shall take responsibility for accessing medical assistance and will contact me as soon as practicable. I agree to pay for any edical charges which may be incurred – ie: doctor fees.

Privacy or Protection of Information: We will not sell or release your personal information.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ CFN Witness Signature \_\_\_\_\_

Participant Name: \_\_\_\_\_ CFN Witness Name: \_\_\_\_\_  
(Please Print)

This agreement must be completed in full, initialled where indicated, dated, signed and witnessed prior to participating in any CrossFit Kids CrossFit Napier Athletic Activities.