

Florian Kids

CrossFit Florian strongly recommends that you clear your child's participation, in any exercise program, with their pediatrician. CrossFit Florian's services are not a substitute for professional medical advice. All known health and/or medical issues must be cleared by a physician for full participation.

I understand that exercises in these training sessions can be strenuous at times. There is an inherent risk in any exercise program that, while providing great health benefits, can also cause unintentional health issues. While CrossFit Florian takes the utmost care to provide the safest program possible, I recognize and understand these training sessions are not without varying degrees of risk. Although extremely rare, these risks can result in critical injuries up to and including death. Negligent and/or accidental acts committed by either my child or another could also cause the same consequences.

I willingly assume full responsibility for any and all risks that I am exposing my child to as a result of their participation in CrossFit Kids by CrossFit Florian and accept full responsibility for any injury or death that may result from my child's participation. With my full understanding of the above information, I agree to assume any and all risks associated with my child's participation in this strength and conditioning program.

Release: In full consideration of the above mentioned risks and hazards, I hereby waive, release, remise and discharge Bill Malcomb, Beau Claiborne, CrossFit Florian LLC, CrossFit Inc, CrossFit Kids and any agents, officers, principals, employees and volunteers of above mentioned entities, of any and all liability, claims, demands, action or rights of actions, or damages of any kind related to, arising from, or in any way connected with my child's participation in CrossFit Kids by CrossFit Florian.

I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named from any liability resulting in injury or death. I also take full responsibility for any property damage, injury or death caused by my child whether intentional or unintentional. I understand that by signing this form I am waiving valuable legal rights and I do so freely.

Participant's Name: _____

Parent/Guardian signature: _____

Please print name: _____

Date: _____

Emergency Card & Photo Release

Name of participant: _____ Sex: ___M ___F Date: ___/___/___
Parent/Guardian: _____
Address: _____
Home Phone: _____ Alternate phone (parent's cell phone): _____
Parent email: _____
Participant's DOB: ___/___/___
Physician's name: _____
Date of last physical: ___/___/___
In case of emergency please notify: _____
Phone: _____

1. List all current medications:

2. Has your child ever been restricted from physical activity for medical reasons?

Please explain _____

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The following people have my consent to pick up my child from
CrossFit Florian 50 Central St Norwood, Ma 02062

Name/Cell phone _____
Name/Cell phone _____
Name/Cell phone _____

Photo Release

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 Florian, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor: _____
Name of Parent/Guardian: _____
Signature: _____
Date: ___/___/___