



## CrossFit Calgary **Outdoors** Adult Registration Form

### Participant Information:

Name: \_\_\_\_\_

Phone number: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact name/phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Registration: (please check one)

\_\_\_\_\_ \$125 + gst (\$131.25) for 10 week program, Spring Session, 6pm

\_\_\_\_\_ \$125 + gst (\$131.25) for 10 week program, Spring Session, 7pm

\_\_\_\_\_ \$125 + gst (\$131.25) for 10 week program, Summer Session, 6pm

\_\_\_\_\_ \$125 + gst (\$131.25) for 10 week program, Summer Session, 7pm

### Method of Payment:

\_\_\_\_\_ Cash                      \_\_\_\_\_ Post-dated Check                      \_\_\_\_\_ Credit card

(please make post-dated checks payable to CrossFit Calgary. Date the checks for the 1<sup>st</sup> of the month)

\_\_\_\_\_ Visa                      \_\_\_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

CVD number on the back of the card: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

I, \_\_\_\_\_ authorize CrossFit Calgary to charge my credit card: \_\_\_\_\_ (your initials) for a total of \$125 + gst.

By signing below I acknowledge that payment of \$125 + gst will be processed to enroll me in the outdoor program. No full or partial refunds will be provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CrossFit Calgary registration guidelines/policies:

- Credit card payments will be processed to reserve your spot in the program. Space is limited.
- NSF checks will result in a \$25 charge
- Fees, terms, location and schedule are subject to change



## Adult Informed Consent

I, \_\_\_\_\_ **declare** that I intend to use some or all of the activities, facilities, programs and services (herein after called “Activities”) offered by CrossFit Calgary. I **understand** that different people have different capacities for participating in the various Activities and for my choices to use or apply at my own risk, any portion of the instruction or guidance that I receive while participating in these Activities.

**I understand** that the risk involved in undertaking any of the Activities is related to my own state of fitness or health, and the awareness, care and skill with which I conduct myself in any of the Activities of CrossFit Calgary. I also understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort.

**I further understand** that the possible risks involved in participating in these Activities may include muscle, tendon, ligament, bone and joint soreness; muscle, tendon and ligament strain, tear or rip; bruising, death; skin laceration; tears, cuts or punctures; shortness of breath, dizziness, fainting, or unconsciousness; tightness in chest, bone breaks, discoloration, separations or fractures; fatigue; sweating; eye punctures; heart attack or stroke; aggravation of an existing or past injury; discomfort or problem with any other injury; discomfort or physical problems associated with physical activity, and many other forms of physical discomfort.

**I understand** just as with other types of physical activity, that there are potential risks in physical fitness and accept all responsibility and waive any legal recourse against CrossFit Calgary, its servants, agents, contractors, instructors and employees from any claims resulting from the personal fitness program.

**I have read the above list of possible risks associated with my participation in the Activities offered by CrossFit Calgary.**

\_\_\_\_\_ (Initial)

**I consent to taking all of the above noted risks by VOLUNTARILY PARTICIPATING in the Activities of CrossFit Calgary.**

\_\_\_\_\_ (Initial)

## Cancellation Policy

CrossFit classes are non-refundable.

**I declare that I have read, understand and agree to the contents of the CANCELLATION POLICY and the INFORMED CONSENT AGREEMENT in its entirety.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_