



CrossFit Calgary **Intro to CrossFit** 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)

_____ \$120 + gst (\$126.00) for 8 session Program

Please specify the month you are signing up for: _____

Method of Payment:

_____ Cash

_____ Check

_____ Credit card

(payable to CrossFit Calgary)

Please complete if paying by credit card:

_____ 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 a total of
\$120 + gst _____ (your initials)

By signing below I acknowledge that payment of \$120 + 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 and checks will be deposited 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? _____