



Name: _____ Todays Date: _____

Date of Birth: _____ Address: _____

_____ City: _____ State: _____ Zip: _____

Phone # (____) _____

Email address: _____

In case of emergency, I would like EFMA LLC to Call: _____

Phone# (____) _____

This person is my: (parent, friend, spouse, etc.): _____

May we add you to our e-mail list to keep you updated on nutrition, fitness and events?
(YES / NO)

Waiver and Release of Liability

EFMA LLC

99 Massachusetts Ave

Arlington, MA 02474

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at EFMA LLC. **I, the undersigned, acknowledge that I have no physical impairments or illnesses that will endanger myself or others.**

Initials: _____

Use of picture(s)/film/likeness: I agree to allow EFMA LLC, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit TILT of this in writing.

Initials: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at EFMA LLC, I, the undersigned hereby release EFMA LLC, their principals, agents,

employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by CrossFit and Martial Arts. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless EFMA LLC, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by CrossFit and Martial Arts.

I have read and understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: _____ **Date:** _____

If the participant is under the age of 18

If I am signing on behalf of a minor child, I also give full permission for any person connected with EFMA LLC to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Signature of Parent or Guardian: _____ **Date:** _____

(Parent/Guardian) Print Name: _____

Physical Activity Readiness Questionnaire (PAR-Q)

Common sense is your best guide in answering these questions. Please read each question carefully and check **YES** or **NO**. If yes, please explain.

Section 1:

YES **NO**

- ____ ____ 1. Has your doctor ever said you have heart trouble?
- ____ ____ 2. Do you frequently have pains in your heart and chest?
- ____ ____ 3. Do you often feel faint or have spells of severe dizziness?
- ____ ____ 4. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
- ____ ____ 5. Do you currently have a communicable disease?

If you answered **YES** to any of the questions in section 1, then **you need written permission from a physician** before participating in physical and aerobic fitness activities and/or fitness evaluation testing at EFMA LLC.

Section 2:

YES **NO**

- ____ ____ 6. Has a doctor ever said your blood pressure was too high?
- ____ ____ 7. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has could be aggravated by exercise, or might be made worse with exercise?
- ____ ____ 8. Are you over age 60 **and** not accustomed to vigorous exercise?
- ____ ____ 9. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?
- ____ ____ 10. Are you currently taking any medications? If YES, please specify.
- _____
- ____ ____ 11. Do you currently have a disability?

If you answered **NO** to all questions it gives a general indication that you may participate in physical activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise.

Print Name

Signature

Date

Parent/Guardian:

(If participant is under the age of 18)

Print Name

Signature

Date

Please Note: If you contract a communicable disease, it is your responsibility to inform the staff of EFMA LLC of this condition and your membership may be suspended until this condition is cured or in a state of remission.

Initials: _____