



WAIVER AND ASSUMPTION RISK

NAME, GENDER, AND DOB _____

ADDRESS _____

EMAIL AND PHONE NUMBER _____

EMERGENCY PHONE, NAME, AND RELATIONSHIP _____

I, _____, Customer, voluntarily sign this waiver and Assumption of Risk in favor of the Owners of HaveADay Training and Crossfit SDG, inconsideration for the opportunity to use the Owner's facilities and/or the opportunity to receive instruction from the Owner, the owner's employees or contractors, and/or to engage in the activities sponsored by the Owner, as follows:

I understand that there are certain risks and dangers associated with the activity and use of the facilities. I fully understand the danger involved.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I waive and release the Owner from any claim for personal injury, property damage, or death that may arise from my use of the facilities or from my participation in the activities or instruction.

I am a competent adult, aged _____, and I assume these risks at my own free will.

Dated: _____, 20_____

Parent/Legal Guardian Signature of minor
child _____

Parent Printed Name of minor child
