

# CROSSFIT IGNEOUS

## Member Information

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

Address: \_\_\_\_\_  
Last First ML  
Street Apt Number  
City State Zip Code

Date of Birth: / / Phone#: ( ) Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Members: \_\_\_\_\_

### PAYMENT INFORMATION

Credit\* / Debit Card: VISA MASTERCARD DISCOVER

PRIMARY

**Credit\*/ Debit**  
Circle One

Name on Card

Card Number

Expiration Date

CVC

**\*\*NOTE- Credit Card Transactions will have a 3.25% Transaction Fee Added**



Discount: 1st Responder / Teacher / Family

3x Week (1x a Day Only) **\$165.00** per month (Couples **\$300**)

Unlimited **\$195.00** per month (Couples **\$345**)

Membership Type: (Circle One)

Your first month will be pro-rated as of today's date. Thereafter, your membership and membership dues will be automatically drafted on the FIRST of the month. Any cancellation must be submitted in writing no less than 14 days prior to the 1st day of the following month or your account will be charged the full amount for that month.

### SIGNATURES

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

As the account holder at the financial institution I have designated for Automatic Draft, I authorize CrossFit Igneous and its successors and assigns to automatically draft the account I have designated and I authorize my financial institution to debit my payments automatically from the draft account on the date the

# Crossfit Igneous Waiver

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
EMERGENCY CONTACT AND PHONE: \_\_\_\_\_

**CROSSFIT IGNEOUS STRONGLY RECOMMENDS THAT YOU CLEAR YOUR PARTICIPATION IN ANY EXERCISE PROGRAM WITH YOUR PHYSICIAN. THE PROTOCOLS OF THIS PROGRAM WILL INVOLVE YOU IN RELATIVELY HIGH INTENSITY WORKOUTS AND IT IS IMPORTANT YOU UNDERSTAND THE FOLLOWING:**

I \_\_\_\_\_, agree to participate in physical training sessions at Crossfit Igneous. **I am fully aware these fitness sessions are of a nature and kind that are extremely strenuous and will push me to the limits of my physical abilities.**

I recognize and understand these training sessions are not without varying degrees of risk, which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems, which can result in serious 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 of failure of equipment, or injury or death due to medical condition, whether known or unknown by me.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in the CrossFit training program and accept full responsibility for any injury or death that may result from my participation.

I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Crossfit Igneous. I understand there exists the possibility of adverse physical changes during an exercise program. I fully understand that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death. I understand that certain prescribed medications may exacerbate these physiological changes and create an even greater risk of physical damage or death.

With my full understanding of the above information, I agree to assume any and all risks associated with my participation in this CrossFit Fitness Program.

## **Sexual Harassment Policy**

**This event/practice/workspace upholds a zero-tolerance policy for sexual harassment in any form. Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, inappropriate touching, sexually explicit or suggestive comments, jokes, gestures, or any other verbal, physical, or visual conduct of a sexual nature that creates an intimidating, hostile, or offensive environment.**

**Any individual found engaging in such behavior will be subject to immediate removal from the gym and may face further legal action. By signing this waiver, you acknowledge and agree to uphold this policy and understand that violations will have serious consequences.** Initials: \_\_\_\_\_

# Crossfit Igneous Waiver

## Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by Crossfit Igneous, and with my full understanding of all of the above, I hereby waive, release, remise and discharge the LLC, CrossFit and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of actions, or damages of any kind related to, arising from, or in any way connected with, my participation in the CrossFit conditioning program.

This agreement shall be binding upon me, my successors, representative, heirs, executors, assings, 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.

If I am signing on behalf of a minor child, I also give permission to administer the necessary first aid, 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 wellbeing of the child.

**Indemnification:** I recognize there is risk involved in the types of activities offered by CrossFit Igneous. Therefore, I accept financial responsibility for any injury that I or 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 costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless the LLC, Crossfit Igneous, CrossFit Incorporated, 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 participation in activities offer by Crossfit Igneous.

**I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates my 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.**

Participant's Signature: \_\_\_\_\_

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

Legal guardian's Signature: \_\_\_\_\_

(If participant is under 18 years old)

**Please turn over and complete other side**