

**BERKELEY CROSSFIT**  
(T2-PT, Inc.)

<b>Name</b>		<b>Phone</b>	
<b>Email</b>		<b>DOB</b>	
<b>Emergency Contact Info</b>		<b>Phone</b>	
<b>Health History (Injuries, Surgeries, Medications)</b>			

BERKELEY CROSSFIT (T2-PT, inc.), James Christopher Tioseco, John-Paul Tioseco, Greg and Laura Glassman, CrossFit and its agents, officers, principals and employees and volunteers, do/does not intend to give dietary advice. Only a licensed physician may provide medical advice. These individuals are working solely as “nutritional consultants” or “health coaches” and are not representing themselves to be practicing medicine by giving advice. All medical questions and dietary advice should be directed to your personal physician.

**BERKELEY CROSSFIT (T2-PT, Inc.) STRONGLY RECOMMENDS THAT YOU CLEAR YOUR PARTICIPATION IN ANY EXERCISE PROGRAM WITH YOUR PHYSICIAN. THE PROTOCOLS OF THESE PROGRAMS INVOLVE HIGH INTENSITY WORKOUTS AND IT IS IMPORTANT YOU UNDERSTAND THE FOLLOWING:**

I \_\_\_\_\_, agree to participate in physical training sessions instructed by certified trainer James Christopher Tioseco and/or certified trainer John-Paul Tioseco, and/or trainers affiliated with BERKELEY CROSSFIT (T2-PT, inc.). **I am fully aware that these fitness sessions are of an extremely strenuous nature 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: damage to the musculoskeletal and/or cardio respiratory systems, 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, or injury or death due to an existing medical condition, whether known or unbeknownst to myself. I willingly assume full responsibility for any and all risks, including injury or death, which I am exposing myself to as a result of my participation in a CrossFit training program designed by BERKELEY CROSSFIT (T2-PT, Inc.). I fully understand that there exists the possibility of adverse physical changes during an exercise program. 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 given by BERKELEY CROSSFIT (T2-PT, Inc.).

**Participant Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY:**

In full consideration of the above mentioned risks and hazards,

I \_\_\_\_\_ am willingly and voluntarily participating in the activities made available by BERKELEY CROSSFIT (T2-PT, inc.). Given my full understanding of all of the above, I hereby waive, release, remise and discharge James Christopher Tioseco, John-Paul Tioseco, BERKELEY CROSSFIT (T2-PT, inc.), Greg and Laura Glassman, CrossFit and its agents, officers, principals, employees and volunteers, from any and all liability, claims, demands, action or rights of actions, or damages resulting from my participation in the CrossFit Fitness program. 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. If I am signing on behalf of a minor child, I also give permission to administer the 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 medical facility deemed necessary for the well being of the child.

**Use of picture(s)/film/likeness:** I further agree to allow BERKELEY CROSSFIT (T2-PT, inc.), its agents, officers, principals, employees, and volunteer the use of a 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 BERKELEY CROSSFIT (T2-PT, inc.), of this in writing.

**Indemnification:** I recognize there is risk involved in the types of activities offered by CrossFit. Therefore, I accept full 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 James Christopher Tioseco, John-Paul Tioseco, BERKELEY CROSSFIT (T2-PT, inc.), CrossFit Incorporated, Greg and Laura Glassman, their principals, officers, 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 BERKELEY CROSSFIT (T2-PT, Inc.).

**I have read and understood the foregoing assumption of risk, and release of liability. I understand that by signing, I am obligated to indemnify the parties named for any liability, for injury or death of any person, and for damage to property caused by my negligent or intentional acts or omissions. I understand that by signing this form I am waiving valuable legal rights. This Waiver and Release of Liability has no expiration date.**

**Participant’s Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(If participant is under 18 years old)*

**Legal Guardian’s Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_