



CrossFit Kids Waiver / Emergency Card & Photo Release

Name of participant: _____ Sex: __M __F Date: ___/___/___

Parent/Guardian: _____

Address: _____

Home Phone: _____ Alternate phone(parent'scellphone): _____

Parent email: _____

Participant's DOB: ___/___/___

Physician's name: _____ Date of last physical: ___/___/___

In case of emergency please notify: _____

Phone: _____

1.List all current medications:

Medicine Dosage Reason

a) _____

b) _____

c) _____

2.Has your child ever been restricted from physical activity for medical reasons?

Please explain _____

The following people have my consent to pick up my child from

AndFit CrossFit 8 Shaddock Street Eden Terrace, Auckland

Name/Cell phone _____

Name/Cell phone _____

Name/Cell phone _____

WAVER

By signing this document, I acknowledge that it has been suggested to me by AndFit CrossFit to obtain a physician's examination for my child and approval prior to him/her beginning this exercise program. I fully understand that the program is strenuous and choose to have my child participate. I accept all responsibility for my child's health and any resulting injury or mishap that may affect his/her well-being in any way. I hold harmless of any responsibility the instructor, the facility or any persons involved with this program or testing procedures.

Parent's Name

Date

Signature of Parent/Guardian (for participants under age 18)

Witness

Photo Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of AndFit CrossFit, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor: _____

Name of Parent/Guardian: _____

Signature: _____

Date: ___/___/___