



**GRASSROOTS TEAM CHALLENGE 2016**  
**WAIVER**

TEAM NAME \_\_\_\_\_

Do any team members have any *injuries*? Y / N

If yes, please explain:

Do any team members have any *medical conditions* that we should be aware of? Y / N

If yes please explain:

**Waivers and Consent:**

I confirm that I have answered the above questions accurately as possible and I am aware that CrossFit RICHMOND will rely upon my answers in relation to the Crossfit Competition Day. Under all circumstances and at all times I remain obliged to report to Crossfit coaches any difficulties I experience or anticipate experiencing before, during or following the Competition.

I, being an adult of 18 years or more, and of my own free will, want to be a participant in the GRASSROOTS TEAM COMP 2016. I have voluntarily chosen to participate in GRASSROOTS. I understand there are inherent risks in all aspects of the Competition and acknowledge that I have been informed of the possible strenuous nature of the training and the potential for undesirable physiological results including but not limited to abnormal blood pressure, muscle soreness, fainting, heart attack and/or death.

I understand that GRASSROOTS TEAM COMP may involve weightlifting, gymnastics movements, strenuous bodyweight exercise and other high exertion activities and that I am not obliged to neither perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during GRASSROOTS TEAM COMP 2016.

I understand that should I feel lightheaded, faint, dizzy, nauseated or experience pain or discomfort I am to stop the activity and **inform a volunteer/judge/coach of CrossFit RICHMOND**. I give CrossFit RICHMOND staff and volunteers of the Competition permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expense incurred.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS CONSENT FORM I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY SUCCESSORS, REPRESENTATIVES, HEIRS, EXECUTORS, ASSIGNS OR TRANSFEREES MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

NAME 1: SIGNATURE:	NAME 2: SIGNATURE:
NAME 3: SIGNATURE:	NAME 4: SIGNATURE: