

**THE LAST POUND FITNESS, INC. (CrossFit LPF) TRAINING Waiver**  
4400 West Sample Road, Unit 156A-160  
Coconut Creek, FL 33073  
754-204-5168

\* Please Print:

First & Last Name: \_\_\_\_\_

Contact #: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Would you like to be added to LPF's email list and stay informed of future LPF's Training special events (i.e. "Spartan Challenge, Marine Combat/Police & Fire Fighter Fitness (PAT/CPAT) Test, Wilderness/Survival Challenges, Membership Specials, Adventure & Long Distance Races, CrossFit Competitions, Workshops, etc.) Y\_\_\_\_\_ N\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

In an emergency, I would like LPF to call: \_\_\_\_\_ Phone#: \_\_\_\_\_

We take your health and safety seriously. It's important that we have a good understanding of your current health and background.

Do you: Smoke? Y\_\_\_\_\_ N\_\_\_\_\_ Drink alcohol? Y\_\_\_\_\_ N\_\_\_\_\_ How many times per week? \_\_\_\_\_

Take prescription medication(s)? Y\_\_\_\_\_ N\_\_\_\_\_ If yes, please list all medications (that would affect your performance) and their purpose: \_\_\_\_\_

Current level of fitness (1-10): \_\_\_\_\_

Are you exercising now? Y\_\_\_\_\_ N\_\_\_\_\_

Do you play sports? Y\_\_\_\_\_ N\_\_\_\_\_ Do you have Back pain, knee pain, shoulder pain, or other? Y\_\_\_\_\_ N\_\_\_\_\_

If so, Please explain: \_\_\_\_\_

Previous injuries or surgeries? Y\_\_\_\_\_ N\_\_\_\_\_

If so, please explain \_\_\_\_\_

High blood pressure, Asthma, Diabetes, or a Heart condition? Y\_\_\_\_\_ N\_\_\_\_\_ Any other health conditions not listed? \_\_\_\_\_

**Photography/Video Release**

Participants involved in any activities offered by The Last Pound Fitness Training may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on The Last Pound Fitness Training website or in any editorial, promotional or advertising material produced and/or published by The Last Pound Fitness Training.

**Participant Initials:** \_\_\_\_\_ **Parent/Guardian initials:** \_\_\_\_\_

**Please read carefully before signing-Assumption of Risk, Release of Liability, and Hold Harmless Agreement**

I, the undersigned, acknowledge that I have voluntarily elected to participate in the disciplines and activities of The Last Pound Fitness Training on behalf of (check one) **myself** \_\_\_\_\_ **minor** \_\_\_\_\_.

I understand that the disciplines of boot camp, CrossFit, martial arts, park core, free running, yoga, and other training events and practices (collectively referred to as "Authentic Fitness"), can be dangerous and involve risks of injury and death. I understand that the moves involved in Authentic Fitness such as running, jumping, climbing, lifting, grappling,

vaulting and other strenuous movements entail certain risks that are unpredictable. The risks of such movements involved in high-intensity, high-impact activities may include, among other things: slips and falls; falling from equipment; rope burns; pinches; scrapes; twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, broken bones, muscular soreness; wrist, arm and shoulder injuries; musculoskeletal injuries including head, neck, back; injuries to internal organs; the negligence of other people; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from events and training activities raises the possibility of any manner of transportation accidents. **Initials:** \_\_\_\_\_

I agree to cease activity immediately if I feel faint, lightheaded, weak, or in pain. I certify that I am in good physical condition and that I am aware of no physical impairments, illness, or injuries that prevent me from participating in any activities at The Last Pound Fitness Training. The Last Pound Fitness Training employees are highly skilled and professionally trained. They seek safety first above all else, but they are not infallible. They might be unaware of a participant's true fitness or abilities. They might misjudge the weather, surfaces, or other environmental conditions. It is ultimately up to me and not the instructors, to discontinue activity if I feel that the environment, a physical condition, the actions of myself or others, or any other reason, prohibits safe training.

I understand and acknowledge that my participation in Authentic Fitness may involve risk of serious injury or death resulting from the actions, inactions, or negligence of myself and others, the condition of the facilities, equipment, or areas where Authentic Fitness takes place, and/or the physically demanding nature of Authentic Fitness. I or my Parent or Guardian, where applicable, warrant and promise that I assume full responsibility for my conduct and safety at all times, whether or not in actual participation and/or during training in Authentic Fitness at any site(s). I understand that this activity takes place on and off the The Last Pound Fitness Training premises. **Initials:** \_\_\_\_\_

I understand and agree that neither The Last Pound Fitness Training, nor any of its owners, directors, employees, participants, volunteers, sponsors, advertisers, and if applicable, owners and lessors of the premises on which the event(s) takes place (collectively and hereinafter "Releasees") or agent may be held liable for any claims or causes of action, and I personally assume full responsibility for any risks or loss, property damage, stolen property or personal injury, including death, that may be sustained by me as a result of my participation in any activity at The Last Pound Fitness Training whether foreseeable or unforeseeable. I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

I give full permission for myself, or, if I am signing on behalf of a minor child, for any person connected with The Last Pound Fitness Training to administer 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 minor or myself and to transport the minor or myself to a medical facility deemed necessary for the well being of the minor or myself. I agree to indemnify The Last Pound Fitness Training for any and all claims brought on my behalf or on the behalf of the named minor by any person acting on myself or my child's behalf; I accept responsibility for all medical expenses incurred by myself or my child in connection with Authentic Fitness or the use of The Last Pound Fitness Training facilities. **Initials:** \_\_\_\_\_

The participant recognizes that there is risk involved in all types of activities offered by The Last Pound Fitness Training and that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. Therefore the participant accepts full financial responsibility for any injury that 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 and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless The Last Pound Fitness Training, its "Releasees" and other participants 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 The Last Pound Fitness Training, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to the main building, trails, and/or any other area selected for an activity by The Last Pound Fitness Training.

I have read the foregoing assumption of risk, and release of liability, and by signing it I acknowledge that I fully understand its terms. I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me. I understand that by signing this form I am waiving valuable legal rights, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Name of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant signature:** \_\_\_\_\_

**Name of Parent/Legal Guardian if participant is under 18:** \_\_\_\_\_

**Signature of Parent/Legal Guardian if participant is under 18:** \_\_\_\_\_

**Coach's Signature:** \_\_\_\_\_

## RHABDOMYOLYSIS (“RHABDO”) RELEASE AND WAIVER

I, \_\_\_\_\_, in consideration for continued access to the training facility identified herein as \_\_\_\_\_, do hereby acknowledge the significant risks associated with the physical training and programming at this facility. I acknowledge and attest to having fully and carefully read and reviewed this "RELEASE AND WAIVER" including all subparagraphs prior to engaging in any physical activity at this facility.

\_\_\_\_\_ Rhabdomyolysis (hereinafter referred to as “Rhabdo”) can occur when an individual’s physical activity is so intense that muscular cells begin to breakdown and the contents and/or remaining materials enter the bloodstream. (Initials) Rhabdo may be caused by many other systemic or environmental causes. However, Exertional Rhabdo can occur in athletes of *all* levels of fitness, resulting in muscle cell destruction. The skeletal muscle breakdown impairs kidney function as those organs are unable to handle increased enzymes that are released into the bloodstream. This induces severe physiological changes in the body. The symptoms of Rhabdo include muscle pain, stiffness and extreme weakness, darkening of the urine (similar to the color of tea or cola), decreased urine output, altered mental status, swelling of the body part involved, either with or without pain. A Rhabdo symptom is pain out of proportion to the amount of soreness that one would generally expect, often producing pain much quicker than one would expect after a workout.

\_\_\_\_\_ I understand that any concerns on my part that I am experiencing any of the symptoms of Rhabdo require immediate presentation to a hospital for emergency treatment. I acknowledge that no third party, either from the (Initials) facility or otherwise, will be capable of monitoring my urine output or color, and it is my responsibility to be continually cognizant of this symptom and all other symptoms and to monitor them in my own body at all times. I agree that I will remove myself from participation and seek medical treatment of my own accord should I have any concerns regarding possible symptoms of Rhabdo. I understand that statistically individuals most likely to experience Rhabdo are those who are in good shape by general standards or who were previously in good physical shape. This includes individuals who were prior athletes. I acknowledge that often the more mentally tough an athlete is and the more athletic they were in the past or currently are, the greater the risk of exposure to Rhabdo.

\_\_\_\_\_ I agree to monitor myself in a manner that is proportionate to the potential injury that can be occasioned by this condition. I acknowledge and understand that I am the only individual capable of determining if I am (Initials) experiencing Rhabdo symptoms. I hereby agree and do willingly assume responsibility for any risks that I expose myself to and accept full responsibility for any injury or death that may result from participating in this significantly demanding physical activity. I for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE \_\_\_\_\_ and/or their officers, directors, representatives, partners, officials, principals, agents or employees, subsidiaries, or assigns, as well as their independent contractors.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

I hereby acknowledge that I have witnessed that the above party has fully read this document and has been given the opportunity to ask any questions that he/she may have regarding its contents.

\_\_\_\_\_ Date

\_\_\_\_\_ Coach's Signature

*There is a wealth of medical and popular information regarding the condition known as Rhabdomyolysis available on the internet. It is strongly recommended that you review and evaluate information from all sources available to you, including your physician, prior to executing this Release or participating in strenuous physical activity.*