

WAIVER OF LIABILITY: I _____ know that these physical activities are potentially hazardous activities. By entering this event I am taking responsibility for medical clearance and for being physically fit and properly trained to participate in this program. I agree to abide by any decision of program official relative to my ability to safely complete the training program. I assume all risks associated with exercising, but not limited to my own fitness and health condition, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the condition of the equipment, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of you accepting my entry, I for myself and anyone entitled to act in my behalf, waive and release Trevor Win'E Memorial Fund, CrossFit Orange County., CrossFit affiliates worldwide, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this program or event though that liability may arise out of negligence or carelessness on the persons named in this waiver and other organizations. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose. **By submitting this application I agree to the above Waiver of Liability.** You may be asked to sign a waiver in person when you participate in the event.

Signed Name _____

Date _____

Witness _____

Parent or Guardian Signature (if under 18 years old :) _____

Age (if under 18 years old): _____