

Crossfit East Sacramento
891 57th Street
Sacramento, California 95819

SacTown Throwdown 2014 Waiver

Date 1/11/2014

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: (w) _____ (h) _____

Please answer the following seven questions

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble? |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest? |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness? |
| _____ | _____ | 4. Has your doctor ever said your blood pressure was too high? |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? |
| _____ | _____ | 6. Is there any good physical reason not mentioned here why you should not follow any activity program even if you wanted to? |
| _____ | _____ | 7. Are you over age 65 and not accustomed to vigorous exercise? |

Guest Agreement/Waiver

The undersigned guest agrees to abide by the rules Crossfit East Sacramento and the SacTown Throwdown, including the completion of the above medical questionnaire.

The undersigned guest agrees that all use of Crossfit East Sacramento, SacTown Throwdown, and Sleep Train Arena, services and programs shall be undertaken at his (her) sole risk. CrossFit East Sacramento, SacTown Throwdown, Sleep Train Arena shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing CrossFit East Sacramento, SacTown Throwdown, Sleep Train Arena, services and programs. The guest, for himself (herself) and on behalf of his (her) executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive relinquish, and covenants not sue Crossfit East Sacramento, SacTown Throwdown, Sleep Train arena, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of SacTown Throwdown event facilities, programs and services.

The undersigned guest declares that they have completed the enclosed medical questionnaire as required by CrossFit East Sacramento, SacTown Throwdown, Sleep Train Arena and that they declare they are physically able to participate in physical activity. Furthermore, guest declares that CrossFit East Sacramento, SacTown Throwdown, Sleep Train Arena has advised guest to obtain a medical clearance in the event they answer yes to any of the medical history questions, or if they are unsure of their physical health and that guest maintains that he (she) is physically capable of pursuing physical activity in the SacTown Throwdown without such steps being taken or has done so.

Guest Signature _____

Date _____