**The Bunker Camp (PVT) Ltd. WAIVER FORM**

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| --- | --- |
| Name: | |
| Address: | |
| City: State/Country: Zip/Postcode: | |
| Home Phone #: | Mobile\* #: |
| Email: | |
| Emergency Contact: Emergency Contact Mobile #: | |

**HEALTH ASSESSMENT**

Date of last full physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical issues/conditions that The BNKR & CrossFit Kalpitiya should be made aware of? Yes / No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any reason you know of that you should not participate in exercise? Yes / No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The BNKR recommends that you clear your participation in any exercise program with your physician.

INFORMED RISK / ASSUMPTION OF RISK

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to participate in one or more physical fitness program (s) / class (es) sponsored by The BNKR and CrossFit Kalpitiya, which may include, but not necessarily be limited to foundations, strength training of any kind by any affiliate, subsidiary or partnership of The BNKR or employed trainers (hereinafter collectively referred to as The BNKR and CrossFit Kalpitiya.) The BNKR and CrossFit Kalpitiya made me fully aware that the fitness program / classes which The BNKR offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push to the limits of my physical abilities. I the undersigned recognise and understand that the programs/classes are not without varying degrees of risk; which may include, but are not limited to the following:

Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to me and / or my partner(s).

Initials: \_\_\_\_\_\_\_\_

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in The BNKR and CrossFit Kalpitiya programs / classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by The BNKR and CrossFit Kalpitiya. The BNKR informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. The BNKR informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in The BNKR and CrossFit Kalpitiya programs / classes.

Initials: \_\_\_\_\_\_

RELEASE

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by The BNKR and CrossFit Kalpitiya, and with my full understanding of all of the above, I hereby waive, release, remise and discharge The BNKR and CrossFit Kalpitiya and its agents, officers, principles, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in The BNKR and CrossFit Kalpitiya fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with The BNKR 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 child and to transport the child to a medical facility deemed necessary for the well being of the child. Initials: \_\_\_\_\_\_\_\_

Indemnification: I recognize that there is risk involved in the types of activities offered by The BNKR. Therefore I accept financial responsibility for any injury that I, or the participant may cause either to him/herself or to any other participant due to his / her negligence. Should the above mentioned parties, or any one 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 BNKR and CrossFit Kalpitiya, their principles , agents, employees, and volunteers 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 BNKR and CrossFit Kalpitiya. Initials: \_\_\_\_\_\_\_\_

Use of picture(s)/film/likeness: I agree to allow The BNKR, its agents, officers, principals, employees and volunteer’s the picture(s), film and / or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform The BNKR and CrossFit Kalpitiya of this in writing. Initials: \_\_\_\_\_

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Participant’s Name (Signature) Date

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Legal Guardian Name (Signature) Date