



CrossFit Kids Waiver & Photo Release

I agree to participate in a Droptine CrossFit LLC (DTCF) fitness program. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. DTCF strongly recommends that you clear your child's participation, in any exercise program, with their pediatrician. DTCF's services are not a substitute for professional medical advice. All known health and/or medical issues must be cleared by a physician for full participation. I hereby certify that I know of no medical problems that would increase my risk of illness and injury because of participation in a fitness program designed by DTCF. I understand that there exists the possibility of adverse changes during exercise. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of the heart rhythm, stroke, rhabdomyolysis, and very rare instances of heart attack or even death. I agree to waiver, release, remise, and discharge DTCF and its agents, officers, principles, and employees of any and all claims, demands, actions, or demands of any kind resulting from participation in DTCF classes, events, or individual training sessions. The undersigned hereby releases Droptine CrossFit LLC of all claims and understands and assumes any and all risks with participation in DTCF activities.

Photo Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera, and digital camera, to be used solely for the purposes of CrossFit, CrossFit Kids, or Licensed CrossFit affiliate promotional material publications and website and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

- I hereby acknowledge that I have gone over the rules illustrated on the website with the child listed below.

Name of minor Child (print): _____

Date of Birth: _____

Name of Parent/Guardian (print): _____

Phone Number: _____ Email: _____

Parent/Guardian Signature: _____

Date: ____/____/____