



Liability Form

Please fill out COMPLETELY & PRINT CLEARLY

First Name _____ Last Name _____

Phone (____) _____ I was referred by _____

Address _____ City _____ State _____ Zip _____

Email _____ Age _____ Date of Birth: ____ / ____ / ____

Emergency Contact: _____ Relationship: _____ Emergency Contact's Phone (____) _____

How Did You Hear About Us: (please be specific): _____

Please list any injuries or health conditions that you are aware of.

Have you ever done CrossFit? If yes, how long have you been CrossFitting?

What are the main benefits that you would like to achieve through CrossFit? (Please be specific)

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Client Signature _____

Date ____ / ____ / ____

Parent/Guardian Signature (required if under 18) _____

Date ____ / ____ / ____