

Scottsdale Healthcare

Consent Form

Informed consent for the Scottsdale Healthcare CrossFit program.

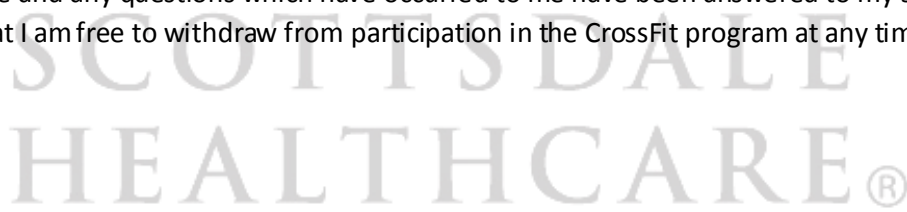
I wish to participate in the CrossFit exercise program conducted by Scottsdale Healthcare.

Before I sign this form to participate in the program, I have been advised to have my health status evaluated by my personal physician.

I have been fully advised and understand that intense exercise is a part of the CrossFit program. I have been fully advised and understand that exercise involves certain risks that may cause adverse effects to me.

In consideration of my willingness to be involved in this program, I the undersigned, hereby release, hold harmless and indemnify Scottsdale Healthcare, its employees, agents, officers and directors against any and all claims, which may arise out of, or being in any way connected with my participation with the CrossFit program. This agreement is binding on my heirs, executors, administrators and assigns.

I have read and understand the foregoing. The nature, demands, risks, and benefits have been explained to me and any questions which have occurred to me have been answered to my satisfaction. I understand that I am free to withdraw from participation in the CrossFit program at any time I so desire.



Date: _____ Time: _____

Participant's Name (print): _____

Participant's signature: _____

Witness Signature: _____

