



December 13  
3:00 - 3:45 pm  
Preston Cafeteria

## CrossFit Kids by OTAC CrossFit

### Liability Waiver

**OTAC CrossFit strongly recommends that you clear your child's participation, in any exercise program, with their pediatrician. OTAC CrossFit'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 understand that exercises in these training sessions can be strenuous at times. There is an inherent risk in any exercise program that, while providing great health benefits, can also cause unintentional health issues. While OTAC CrossFit takes the utmost care to provide the safest program possible, I recognize and understand these training sessions are not without varying degrees of risk. Although extremely rare, these risks can result in critical injuries up to and including death. Negligent and/or accidental acts committed by either my child or another could also cause the same consequences.

I willingly assume full responsibility for any and all risks that I am exposing my child to as a result of their participation in CrossFit Kids by OTAC CrossFit and accept full responsibility for any injury or death that may result from my child's participation.

With my full understanding of the above information, I agree to assume any and all risks associated with my child's participation in this strength and conditioning program.

Release: In full consideration of the above mentioned risks and hazards, I hereby waive, release, remise and discharge Josh and Kristin Slattery, Kyle Shepherd, OTAC CrossFit LLC, CrossFit Incorporated, CrossFit Kids and any agents, officers, principals, employees and volunteers of above mentioned entities, of any and all liability, claims, demands, action or rights of actions, or damages of any kind related to, arising from, or in any way connected with my child's participation in CrossFit Kids by OTAC CrossFit.

I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named from any liability resulting in injury or death. I also take full responsibility for any property damage, injury or death caused by my child whether intentional or unintentional. I understand that by signing this form I am waiving valuable legal rights and I do so freely.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

351 LINDEN STREET, FORT COLLINS  
970.493.7222OLDTOWN-ATHLETICCLUB.COM



## *OTAC CrossFit Kids Photo Release*

### **Photo Release Form for Minors**

OTAC CrossFit has my permission to publish my or my child's photograph on Facebook, Instagram, website or any other marketing materials to promote OTAC CrossFit and OTAC CrossFit Kids.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **Photo Release Form for Adults**

OTAC CrossFit has my permission to publish my or my child's photograph on Facebook, Instagram, website or any other marketing materials to promote OTAC CrossFit and OTAC CrossFit Kids

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_