



Indemnity, Waiver & Medical History

All participants at the Endurade East Cape Championships are required to complete this registration and indemnity form.

Please note: **The information provided above will also be used to keep you informed of any Endurade East Cape Championships events & promotions.*

SECTION 1: PERSONAL DETAILS

NAME & SURNAME		CELL NUMBER	
DOB/ID		SUBURB	
EMAIL ADDRESS		TOWN/CITY	
NEXT OF KIN		TEL NR	
GENDER:	MALE <input type="checkbox"/>	FEMALE: <input type="checkbox"/>	OCCUPATION:
AFFILIATE:		TEAM NAME:	

Acknowledgement and Acceptance of Risk: I, the undersigned, acknowledge that I have chosen to participate in the physical activity programs/competition provided by CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS, which may include, but are not limited to group training and/or competition. I am fully aware that the fitness programs/competitions of CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS offers are extremely strenuous and can push me to the limits of my physical abilities. I, the undersigned, recognize and understand that the competition 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 system which can result in serious injury or death due to negligence on the part of myself, my training partners, or other people around me, injury or death due to improper use 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 may result in serious injury or death. I hereby acknowledge that I have no physical impairments, injuries or illnesses that will endanger me or others and willingly assume full responsibility for any and all risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participating in classes/competition offered by CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS.

Release: In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willing to participate in the activities/competitions made available by CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS, and with my full understanding of all the above, I voluntarily discharge, and hold harmless CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS, it's principles, employees, volunteers and sponsors/partners of any and all liability or actions or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS classes/competitions, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. In signing, I fully recognize and understand that if I (or any minor on whose behalf I am signing this release) am hurt, die or my property, I am giving up my right to make a claim or file a lawsuit against CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS, even if they negligently or by some other means caused the injury or damage. If I am signing on behalf of a participant under 18 years of age, I have read and voluntarily agree that said minor may participate in the classes and I give full permission for any person connected with CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS to administer first aid deemed necessary to prevent serious illness or injury, I give permission to call and/or administer surgical care for the minor and to transport the minor to a medical facility deemed necessary for the wellbeing of the minor.

Indemnification: I recognize that there is risk involved in the types of activities/competitions CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS offers and therefore, I accept financial responsibility for any injury that I cause either to myself or to any other participant due to my negligence. I further agree to indemnify, CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS, principles, employees, sponsors/partners and volunteers of any and all liability for the injury or death of any person/s and actions which may result from my negligence or intentional act of omission while participating in activities offered by CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS.

Use of pictures/film/likeness: I further agree to allow CROSSFIT ALGOA/ALGOA FITNESS PTY LTD/EAST CAPE CHAMPIONSHIPS, principles, employees, sponsors/partners and volunteers to make use of pictures/film and/or likeness of me for advertising purposes.

Medical History: (Please respond to every question by checking YES or NO and explain any questions answered with YES)

Has your doctor ever said you have any heart trouble?	YES	NO	Have you ever injured your back or do you have back pain?	YES	NO
Has your doctor ever said you have low/high blood pressure?	YES	NO	Have you ever injured your shoulder or knee or had surgery?	YES	NO
Do you have diabetes/asthma or any other condition?	YES	NO	If you answered "YES", pls comment:		
Is there any other good physical reason not mentioned here why you should not follow an activity program even if you wanted to?				YES	NO
Additional Comments:					

Participants name:..... Signature: Date:.....

In case of a minor: Legal Guardian..... Signature: Date:.....