



MASS MVMNT

**PERSONAL INFORMATION AND LIABILITY WAIVER**

**Participant Contact Information**

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information**

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Physician Contact Information**

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

Phone: \_\_\_\_\_

**Waiver and Release of Liability**

Mass MVMNT  
211 Lincoln Street, Hingham, MA 02043

**Express assumption of risk:**

I, \_\_\_\_\_, am aware that any recreational activities and exercise programs that I undertake at Mass MVMNT may expose me to the risk of personal injury. I am aware that it is solely my responsibility and not the responsibility of Mass MVMNT to require me to consult with a physician prior to commencing any such programs, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of an injury. I am aware that the use of the exercise equipment and other facilities provided by Mass MVMNT entail some risk of an injury to myself and to others and I agree that I will use such equipment and facilities with due care. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at Mass MVMNT. I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

**Initials:** \_\_\_\_\_

**Release:**

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at Mass MVMNT, I, the undersigned hereby release Mass MVMNT, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.



This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Mass MVMNT to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

**Initials:** \_\_\_\_\_

**Use of Photos, Films, and/or Likeness:**

I understand that Mass MVMNT may from time to time photograph, video record, or otherwise document workouts and activities in which I participate at the Mass MVMNT fitness facilities for use on websites and social media as well as for internal and business use (e.g. company newsletters, presentations to prospective business partners). I hereby grant Reebok International Ltd. and its licensees and assigns an irrevocable right, title, and license to use, simulate, and impersonate my name, likeness, voice, appearance, performance, and/or biographical information, in connection with the uses described above. Such rights are worldwide, without limitation in number of occurrences or type of media, whether now existing or hereafter created, for a period of without limitation. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Mass MVMNT of this in writing.

**Initials:** \_\_\_\_\_

**Indemnification:**

The participant recognizes that there is risk involved in the types of activities offered by Mass MVMNT. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Mass MVMNT, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Mass MVMNT.

**I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*\*If participant is under the age of 18, this form must be completed by parent or legal guardian.*



**MASS MVMNT  
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

CrossFit is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of CrossFit is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problems or hazard. CrossFit has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES	NO	
		1. Has your doctor ever said you have heart trouble?
		2. Do you frequently have pains in your heart and chest?
		3. Do you often feel faint or have spells of severe dizziness?
		4. Has a doctor ever said your blood pressure was too high?
		5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
		6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
		7. Are you over age 60 <b>and</b> not accustomed to vigorous exercise?
		8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?
		9. Are you currently taking any medications? If YES, please specify.
		10. Do you currently have a disability or a communicable disease?
		11. Are you currently exercising a minimum of two times per week for at least 20 minutes at a time?



		<p>12. Do you have physical conditions/limitations in these areas (check if yes):</p> <p> <input type="checkbox"/> KNEES                      <input type="checkbox"/> BACK  <input type="checkbox"/> NECK                        <input type="checkbox"/> SHOULDERS  <input type="checkbox"/> HIP/PELVIS                <input type="checkbox"/> ASTHMA  <input type="checkbox"/> VISION                      <input type="checkbox"/> HEARING  <input type="checkbox"/> NERVES                    <input type="checkbox"/> HARDWARE (e.g., plates or screws)  <input type="checkbox"/> RECENT SURGERY </p>
		<p>13. Do you have any of the following conditions (check if yes):</p> <p> <input type="checkbox"/> CORONARY HEART DISEASE                      <input type="checkbox"/> ANGINA  <input type="checkbox"/> RHEUMATIC HEART DISEASE                      <input type="checkbox"/> HEART ATTACK  <input type="checkbox"/> CONGENITAL HEART DISEASE                      <input type="checkbox"/> STROKE  <input type="checkbox"/> IRREGULAR HEART BEATS                        <input type="checkbox"/> EPILEPSY  <input type="checkbox"/> HEART VALVE PROBLEMS                        <input type="checkbox"/> DIABETES  <input type="checkbox"/> HEART SURGERY                                    <input type="checkbox"/> HYPERTENSION  <input type="checkbox"/> HEART MURMURS                                   <input type="checkbox"/> CANCER </p>

*Note: If you contract a communicable disease, it is your responsibility to inform the staff of Mass MVMNT of this condition and your membership may be suspended until this condition is cured or in a state of remission.*

Please explain any "YES" answers:

---



---



---



---



---

If you answered **NO** to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered **NO** to the above questions, is no guarantee that you will have a normal response to exercise. If you answered **YES** to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at Mass MVMNT.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**