



## CrossFit Brisbane - CrossFit Kids Permission Form

### Child's details

	Child's Full Name	Date of Birth	Age
Child 1			
Child 2			
Child 3			

### Parent / Guardian contact information and emergency contact

Parent / Guardian Name:	
Home Address:	
Home Number:	
Mobile Number:	
Email Address:	
Backup Contact Name:	
Backup Contact Number:	

### What days would you like to sign on for? (Tick Applicable Sessions)

	Kids 8-13yrs Monday 3:45pm - 4:30pm	Teens 13-17yrs Tuesday 4:00pm - 5:00pm	Kids 8-13yrs Wednesday 3:45pm - 4:30pm	Teens 13-17yrs Thursday 4:00pm - 5:00pm
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Does your child have any medical or physical conditions, psychological conditions, or allergies we should know about?**

**Is there anything else you'd like to tell us about your child that is helpful for us to know as coaches?**

**Consent to take photographs of your child in CFK class and use these photo's on our website.**

- I consent
- I do not consent

**Emergencies / Medical:** The parent/guardian nominated authorises CrossFit Brisbane and its representatives to administer first aid to their child/children and/or seek emergency medical services for their child/children should they become injured or ill. The parent/guardian is responsible for all costs arising from any such medical treatment. The parent/guardian nominated acknowledges that they have disclosed to CrossFit Brisbane any special needs (including but not limited to any medical, physical or psychological conditions and specific learning needs) which the child/children may have.

Acknowledged and agreed by the nominated parent/guardian

**Parent / Guardian Name:** \_\_\_\_\_

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

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**OFFICE USE ONLY**

- Waiver Completed
- ZP Updated
- Memberships Created
- Payment Processed

**Waiver and Release of Liability - Swift & Associates Pty Ltd (trading as "CrossFit Brisbane")**  
**943 Wynnum Rd, Cannon Hill QLD 4170**

In consideration of Swift & Associates Pty allowing me to participate, I acknowledge, understand and I am aware that:

I have voluntarily chosen to participate in training activities provided by a Swift & Associates Pty Ltd, trading as "CrossFit Brisbane". I understand there are inherent risks in all aspects of physical training and I acknowledge that I have been informed of the possible strenuous nature of the training and the potential for undesirable physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack and/or death. I also acknowledge that I have been specifically warned about the medical condition "Rhabdomyolysis" and accordingly I have been advised to limit my effort in order to minimise the risks associated with this condition. **Initials:** \_\_\_\_\_

I understand that the training may involve weightlifting, gymnastic movements, strenuous bodyweight exercises and other high exertion activities, and that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my trainer. I give Swift & Associates Pty Ltd and the staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. **Initials:** \_\_\_\_\_

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against Swift & Associates Pty Ltd, and its directors, officers, employees, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees"). I agree to **RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the programs, activities and services provided by Swift & Associates Pty Ltd, due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care. I agree to **HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in any program, activity or service provided by the releasees. **Initials:** \_\_\_\_\_

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 Swift & Associates Pty Ltd 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 picture(s)/film/likeness: I agree to allow Swift & Associates Pty Ltd, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Swift & Associates Pty Ltd of this in writing. **Initials:** \_\_\_\_\_

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS "INFORMED CONSENT FORM" I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTOR, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.**

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the participant is under the age of 18,

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent/Guardian) Print Name:** \_\_\_\_\_