



White Mountain CrossFit  
1 Ripley Street  
Concord, NH 03301

The undersigned, for valuable and sufficient consideration, the sufficiency of which is hereby acknowledged, hereby agrees as follows:

**Indemnification/Hold Harmless:**

The undersigned recognizes that there is risk involved in the type of activities offered by White Mountain CrossFit, LLC. The undersigned, hereby indemnifies, releases and holds White Mountain CrossFit, LLC, a New Hampshire limited liability company, its principals, agents, employees, and volunteers harmless from any and all liability, claims, demands, actions or rights of action, whether in law or equity, which directly or indirectly are related to, arise out of, or are in any way connected with the undersigned participation in activities at or related to White Mountain CrossFit, LLC, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

**Consent to Treat:**

While participating at any White Mountain CrossFit, LLC activity, the undersigned gives full permission for any person connected with White Mountain CrossFit, LLC to administer first aid deemed necessary, and in case of serious illness or injury, the undersigned gives permission to call for medical or surgical care. All costs of transportation, medical care and related costs and expenses shall be the sole responsibility of the undersigned.

**Photography / Video Release**

Participants involved in any activities offered by White Mountain CrossFit, LLC may, on occasion, be photographed or video captured during training. The undersigned hereby consents to the use of these photographs / videos without further permission or compensation, on the White Mountain CrossFit, LLC website, social media, ads or in any editorial or promotional material produced and or published by White Mountain CrossFit, LLC.

**Successors in Interest/Severability:**

This agreement shall be binding upon the undersigned, his/her successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, the undersigned agrees that the remainder of the agreement shall remain in full legal force and effect.

**Recommended Doctor Consultation:**

While not required, the undersigned acknowledges that he/she is recommended to consult his or her doctor before starting activities at White Mountain CrossFit, LLC to ensure that the undersigned is healthy enough to participate at activities at White Mountain CrossFit, LLC. White Mountain CrossFit, LLC does not offer any opinion as to the undersigned's physical ability to participate.

**The undersigned read and understood the foregoing and voluntarily signed below. In the event you do not understand any of the foregoing then you should consult an attorney before signing.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

*If the participant is under the age of 18, the below Parent or Guardian must sign below on behalf of the minor child:*

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

Printed name: \_\_\_\_\_

