

PARTICIPANT REGISTRATION AND WAIVER

Name _____ Male / Female Weight Class _____

Address _____
Street City State, ZIP

Telephone _____ DOB ____/____/____ Shirt Size _____

Occupation _____ CF Affiliate Representing _____

Best Squat _____ Best Press _____ Best Deadlift _____

I agree to comply with all stated customary terms and conditions for participation in The Snicker Doodle Conley CrossFit Total Meet. I and/or my minor child recognize and acknowledge that if I or he/she experience any unusual concerns regarding participating in any aspect of the event, I or he/she is free at any time to cease participation.

On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge CrossFit Wichita Falls, CrossFit Inc., and the Wichita Falls Athletic Club, and all of the employees, officers, volunteers, or agents of those entities, including as well any third party sponsors of The Snicker Doodle Conley CrossFit Total Meet activities, lessors of premises used to conduct constituent events, other participating or sponsoring agencies for the event, and all others associated with producing and administering the event, from and against any and liability, including but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the event.

To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties involved hereof from and against any and all liabilities arising from my participation in The Snicker Doodle Conley CrossFit Total Meet. This undertaking to provide indemnity shall apply, to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from their own negligence.

I agree to be filmed and photographed under conditions approved by the organizers, to include the use of my name, biographical information, public appearances, and scientific data recorded during my performance. I understand that accident and medical insurance coverage during the event is not provided for by the competition organizer or any above named entity.

Signature (athlete and parent must sign if a minor)

Date

Mail entries to: CrossFit Wichita Falls, 3118 Buchanan, Wichita Falls, TX 76308

Information: Justin Lascek – jlascek@gmail.com
Mark Rippetoe – torshammar@aol.com
940-696-0829