

Personal Information

Name: _____ Date of Birth: _____

Address: _____ Phone # () _____

Email address: _____

In case of emergency, I would like Pullman CrossFit to Call: _____

Phone# () _____ Work phone # () _____

This person is my: (parent, friend, spouse, etc.): _____

Waiver and Release of Liability

Pullman CrossFit
370 S. Grand Ave
Pullman WA

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training as well as the risk of contracting communicable diseases and virus's, including Covid 19 and any variants strains stemming from SARS-CoV-1 while working out in a small enclosed environment. 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 Pullman CrossFit. **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 Pullman CrossFit, I, the undersigned hereby release Pullman CrossFit, 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 Pullman CrossFit 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.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by Pullman CrossFit. Therefore the participant accepts financial responsibility for any injury or illness 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 Pullman CrossFit, 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 Pullman CrossFit.

Photo: I grant Pullman CrossFit and any of its representatives or employees to take pictures or videos of me with or without my name to use for publicity, digital marketing, advertising, or social media.

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.

Signature of participant: _____ **Date:** _____

If the participant is under the age of 18,

Signature of Parent or Guardian: _____ **Date:** _____

(Parent/Guardian) Print Name: _____

PULLMAN CROSSFIT MEMBERSHIP AGREEMENT

Between Pullman CrossFit and (Please print name and sign)

This is not an "open gym" format. By class or appointment-only training, unless otherwise noted.

Hours of operation vary and are available at PullmanCrossFit.com

Pullman CrossFit may alter its location, operating hours, type and quantity of equipment, and type and frequency of its classes from time to time in its sole discretion. Fitness training is an evolving science. Thus, Pullman CrossFit reserves the right to change its routines, classes and equipment to accommodate such evolution.

MEMBERSHIP: Payment

Member hereby subscribes for the following type of membership:

_____ Individual (\$110) Month to Month

_____ Individual 3x/week (\$93.50) Requires a 3 month Contract (Open Gym Included)

_____ Teens 13-18 Currently in Jr. High/High School (\$80) Month to Month 3x/week (No Open Gym)

_____ Military (active)/Fire/Police (\$99) Requires a 3 month Contract

_____ Couple (\$187) Requires a 3 month Contract

_____ WSU/Uofl Student (\$99) Requires a 3 month Contract

_____ CrossFit For Kids Ages 8-12 (\$5 per class) Classes Tracked on our end

_____ 10 Class Punch Pass (\$85) _____ 5 Class Punch Pass (\$50)

_____ Open Gym Membership (\$50) Month to Month – Open Gym times only. No Classes

Month to month and can be terminated with 15 day written cancellation notice.

The 1st month will be prorated from the date of enrollment to the end of the month.

Payments will be due on the 1st of each month.

3 Month Contract will turn into month to month after the 3 months are up.

Covid-19 Waiver:

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Pullman CrossFit (PCF) has put in place preventative measures to reduce the spread of COVID-19; however, PCF cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending PCF workouts could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by attending PCF and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PCF may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PCF employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at PCF. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless PCF employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PCF Program.

Signature _____

Print Name _____

Pullman CrossFit

370 S. Grand Ave
Pullman WA 99163

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Pullman CrossFit to charge my credit card
(full name)

indicated below for () on the 1st day of each Month for payment of my

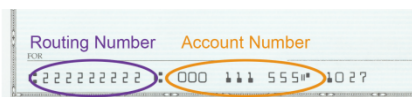
Membership to Pullman CrossFit

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

| | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Name on Acct | _____ |
| Bank Name | _____ |
| Account Number | _____ |
| Bank Routing # | _____ |
| Bank City/State | _____ |



Credit Card

| | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| Cardholder Name | _____ |
| Account Number | _____ |
| Exp. Date | _____ |
| CVV (3 digit number on back of card) | _____ |

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Pullman CrossFit in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Pullman CrossFit may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. No personal information is shared with anyone outside Pullman CrossFit. All Credit/Debit Card and Bank Information is immediately shredded after entering it into the system.