

CrossFit Arcane
1211 Tusculum Blvd.
Greeneville, TN 37745
Kelly Merkel (Owner) - (423)972-8829
Zach Wampler (Head Trainer) - (423)620-0723



Member Information

Today's Date: _____

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt./Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Cell or Alternate Phone: () _____

E-mail Address: _____

Date of Birth: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Phone: () _____

Emergency Contact Information - Someone Other than Spouse

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt./Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

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Tell Us About Yourself

How did you hear about CrossFit Arcane? _____
What are your CrossFit goals? _____

Health Questions

Do you smoke? Yes _____ No _____
Do you drink alcohol? Yes _____ No _____
Do you currently exercise? Yes _____ No _____
If you do exercise, how many hours per week? _____
Do you have any back, knee, or shoulder pain? Yes _____ No _____
Do you have high blood pressure, asthma, diabetes, or a heart condition? Yes _____ No _____
If you do have any of the above health conditions, please explain. _____

Do you take any prescription medications? Yes _____ No _____
Do you play any sports? Yes _____ No _____
Have you had any previous injuries or surgeries? Yes _____ No _____
If you have had an injury/surgery, please explain. _____

Do you have any other health conditions that have not been mentioned? Yes _____ No _____
If you do have any other health conditions, please explain. _____

Photography/Video Release

Participants involved in any activities offered by CrossFit Arcane may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the CrossFit Arcane website or social media accounts (Facebook, Instagram, etc.) or in any editorial, promotional, or advertising material produced and/or published by CrossFit Arcane.

Participant Print Name: _____

Participant Signature: _____ Date: _____

Witness Printed Name: _____ Title: _____

Witness Signature: _____ Date: _____

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Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. 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; strains and sprains. 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, or under direction of CrossFit Arcane.

I acknowledge and represent that I have no physical impairments, injuries, or illnesses that will endanger me or others. Initials: _____

Release: Acknowledging of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by CrossFit Arcane, I, the undersigned hereby release CrossFit Arcane, 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 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 or child, I also give full permission for any person connected with CrossFit Arcane 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 CrossFit Arcane. Therefore, the participant accepts financial responsibility for any injury that the participant may cause either to himself/herself or to any other participant due to his/her negligence.

I agree to indemnify and hold harmless CrossFit Arcane, 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 CrossFit Arcane, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by CrossFit Arcane. 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 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 negligent or intentional act or omission. I understand that by signing this form I am waving valuable legal rights.

Participant Print Name: _____

Participant Signature: _____ Date: _____

If the participant is under the age of 18,

Parent/Guardian Print Name: _____

Signature of Parent/Guardian: _____ Date: _____

Witness Printed Name: _____ Title: _____

Witness Signature: _____ Date: _____

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CrossFit Arcane Child Watch Policy

As an accommodation to members, CrossFit Arcane provides a kid section where parents may bring their children while they are working out. Parent(s) must be on site at all times while their children are in the kid section. This service is available for a maximum of two (2) consecutive hours.

I, the undersigned, am the parent/guardian of _____ and I am also aware that there is an inherent risk of injury in physical play among children. I am also aware that there is a risk of injury to my child/children and I do, hereby release CrossFit Arcane, it's owners, agents, and employees from all claims, demands, injuries, damages, actions, or liability as a result of personal injury or property damage whatsoever arising out of, or in connection with my child/children's use of the CrossFit Arcane kid section facilities.

It is understood and agreed; that this is a full and final release of all claims of every nature and kind whatsoever and is given in consideration of the services and/or facilities of the CrossFit Arcane kid section.

I have read, understand, and agree to adhere to the Policies and Procedures of CrossFit Arcane.

Parent/Guardian Print Name: _____

Signature of Parent/Guardian: _____ Date: _____

Witness Printed Name: _____ Title: _____

Witness Signature: _____ Date: _____

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Addendum to Children's Section Policy

Here at CrossFit Arcane, we love our families and kids. For the safety of your children and our athletes, **all children** must remain in the kid's section **at ALL times!**

Strict adherence of this policy must be insisted upon for the safety of everyone involved.

Kids under 12 **must** be in the kids' section. Kids over 12 **must** stay seated and **off** of the rubber mats.

Please remember that we **do not** provide childcare at this facility. You are responsible for the safety of your child/children at all times. If your child is not staying in the kid's area, is misbehaving, or needs assistance, we will ask that you come take care of them. Furthermore, if said child/children continually cannot/will not stay in their appropriate area(s), unfortunately, we may be forced to ask that for the safety of everyone involved that you refrain from bringing them to the gym. We love our children and families and would hate to see anyone get hurt. We understand parents' busy schedules and would love to continue offering the Children's Section accommodation here at CrossFit Arcane as well as keeping all children, gym members, volunteers, and employees safe and out of harm's way.

Signature of Parent/Guardian: _____

Parent/Guardian Print Name: _____ Date: _____

Witness Printed Name: _____ Title: _____

Witness Signature: _____ Date: _____