2LEGENDSNYC

LIABILITY WAIVER, RELEASE & HEALTH FORM

2964 Lafayette Ave, Bronx, NY • (845) 419-8441 • 2legendsathleticclub@gmail.com • 2legendsnyc.com

**PREFER YOUR PHONE?
SCAN TO AGREE ONLINE
NO SIGNATURE NEEDED**

Please read carefully. This form must be completed and signed before taking part in any 2LegendsNYC class, session, program or event. By signing, you give up certain legal rights.

1. PARTICIPANT INFORMATION

Full legal name _____ Date of birth _____

Street address _____ City / State / ZIP _____

Mobile phone _____ Email _____

Emergency contact name _____ Relationship _____ Emergency contact phone _____

2. HEALTH QUESTIONNAIRE

	YES	NO
1. Has a doctor ever said you have a heart condition or high blood pressure?	☐	☐
2. Do you feel pain in your chest at rest, during daily activity, or during exercise?	☐	☐
3. Do you lose balance from dizziness, or have you lost consciousness in the last 12 months?	☐	☐
4. Do you have a bone, joint or soft-tissue problem (back, knee, hip, etc.) that exercise could worsen?	☐	☐
5. Are you currently taking medication for a chronic medical condition?	☐	☐
6. Are you pregnant, or have you given birth in the last 6 months?	☐	☐
7. Have you had surgery, a concussion or a serious injury in the last 12 months?	☐	☐
8. Has a doctor ever told you to only do medically supervised physical activity?	☐	☐

If you answered YES to any question, explain (conditions, injuries, medications, allergies):

If you answered YES to any question, 2LegendsNYC recommends you get clearance from your physician before starting. You agree to tell your coach about any change in your health and to stop exercising and tell staff right away if you feel pain, dizziness, shortness of breath or discomfort.

3. ACTIVITIES & ASSUMPTION OF RISK

I am voluntarily taking part in fitness activities offered by 2LegendsNYC, its owners, coaches, trainers, staff and contractors (together, "2LegendsNYC"), which may include: trampoline fitness classes; Hyrox and functional/hybrid training (sled push and pull, rowing, ski erg, wall balls, lunges, burpees, carries); strength and conditioning with free weights and machines; personal and small-group training; outdoor runs and run club on public streets, sidewalks and parks; and special events or challenges.

I understand these activities carry inherent risks, including but not limited to: muscle strains, sprains and tears; falls, bounces off-center or collisions on or near trampolines; dropped weights and equipment malfunction; overexertion, dehydration, heat or cold illness; cardiac events; and, during outdoor activities, uneven surfaces, weather, traffic, cyclists and other members of the public. Injuries can be serious or, rarely, fatal. I knowingly and voluntarily accept these inherent risks.

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4. RELEASE OF LIABILITY

To the fullest extent permitted by law, I, for myself, my heirs, executors and assigns, release, waive and agree not to sue 2LegendsNYC for any claims, losses, injuries or damages arising from the inherent risks of my participation, my use of the facility and equipment, or any activity I take part in on or off premises. I agree to indemnify and hold 2LegendsNYC harmless from claims arising from my own conduct. If any part of this agreement is found unenforceable, the rest remains in full effect.

5. FACILITY RULES & PERSONAL RESPONSIBILITY

- I will follow coach instructions, warm up properly, and work within my own ability.
- I will use equipment only as instructed, re-rack weights, and report damaged equipment right away.
- On trampolines: one person per trampoline, no flips or stunts unless instructed, proper footwear or grip socks.
- I will not train under the influence of alcohol or drugs.
- 2LegendsNYC is not responsible for lost, stolen or damaged personal belongings.

6. MEDICAL AUTHORIZATION

In an emergency, I authorize 2LegendsNYC to call 911, give basic first aid or CPR, and arrange medical transport for me. I understand I am responsible for any resulting medical costs.

7. PHOTO & VIDEO RELEASE (OPTIONAL)

☐ YES, 2LegendsNYC may use photos and video of me taken during classes and events on its website and social media (including @mauricetalton and 2LegendsNYC accounts), without payment.

☐ NO, please do not post images of me.

8. ACKNOWLEDGMENT & SIGNATURE

I have read this entire form, I understand it, and I sign it voluntarily. The health information I provided is true and complete to the best of my knowledge.

Participant signature	Printed name	Date

9. PARENT / GUARDIAN CONSENT (PARTICIPANTS UNDER 18)

I am the parent or legal guardian of the minor named above. I have read this form, I give permission for the minor to participate, and I agree to its terms on the minor's behalf and my own.

Parent / guardian signature	Printed name	Date

STAFF USE ONLY

Received by: _____ Date: _____ Program: ☐ Trampoline ☐ Hyrox ☐ PT ☐ Run Club ☐ Other _____