



CrossFit Zone Games Registration

Name: _____

When: Sunday, May 27th 9:00am – 3:00pm

Where: At the Zone of course!

Who: Athletes who want to get a taste of an official competition and who want to challenge themselves over and above the pursuit of the daily WOD.

What: Three events, covering as many possible time domains and modes of fitness to achieve the best all-round challenge of your abilities. Athletes will be scored by placing in all the WODs and will be ranked on the basis of their overall performance.

Category:

Novice Female	_____	Novice Male	_____
Intermediate Female	_____	Intermediate Male	_____
Advanced Female	_____	Advanced Male	_____

I _____, willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in CrossFit Zone Games and accept full responsibility for any injury or death that may result from participation in any activity, call or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by CrossFit Zone*.

By signing this document, I assume all risk for my health and well- being and hold CrossFit Zone*, as well as its owners, employees, and other authorizes agents including independent contractors, harmless there from.

Signature