

IMPORTANT:

CrossFit, LLC requires medical eligibility clearance to help ensure all athletes participating in the CrossFit Games can safely compete. This consent form authorizes CrossFit, LLC to collect, store, review, and use your medical information as described below.

Upload the completed form via this [Google Form link](#) beginning February 1 and no later than June 12, 2026. Athletes attempting to qualify via the Online Qualifier and/or identified as potential backfills will be strongly encouraged to submit their form no later than Friday, June 12, but required to complete and submit their forms no later than Wednesday, July 1.

ATHLETE'S NAME: _____**DATE of BIRTH:** _____**Description of Medical Information**

CrossFit, LLC will collect the following form, which may contain protected health information (PHI):

- **Medical Eligibility Form:** Includes name, date of birth, medical eligibility status for participation in the CrossFit Games, allergies, medications, medical conditions, tetanus status, and other applicable information.

Authorization for Collection and Storage

I authorize CrossFit, LLC to collect the above-listed Medical Eligibility Form. I understand that this form will be stored electronically using Google Drive, with access restricted to authorized CrossFit personnel and medical staff. CrossFit, LLC will implement reasonable security measures, such as access controls and encryption, to protect my information, though it is not required to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Authorization for Review by Medical Staff

I authorize CrossFit, LLC to share my Medical Eligibility Form with the Games medical staff, who are licensed medical providers contracted by CrossFit, LLC to review the information. The purpose of this review is to determine my medical eligibility to compete in the CrossFit Games Finals. I understand these doctors may be covered by HIPAA and are responsible for handling my information in accordance with applicable laws.

Authorization for Use in Eligibility Decisions

I authorize CrossFit, LLC to use the information in my Medical Eligibility Form to assess my health and fitness to compete in the CrossFit Games Finals. I understand that if a pre-existing health condition is identified and/or is identified before or during competition by the Games Medical Director, CrossFit, LLC may, at its sole discretion, prohibit me from competing to ensure my safety and the safety of others. I will be notified of any such decision and provided an opportunity to discuss it with CrossFit, LLC, or its medical staff, if applicable.

Disclosure to Third Parties

CrossFit, LLC will not share my medical information with third parties, except:

- With the contracted and volunteer medical staff for the purpose of eligibility review, as described above.
- As required by law (e.g., in response to a court order or public health mandate).
- In emergency situations to protect my health or safety (e.g., sharing allergy information with emergency personnel during the event).

I understand that CrossFit, LLC will limit disclosures to the minimum information necessary for the intended purpose.

Retention and Destruction

CrossFit, LLC will retain my Medical Eligibility Form for the duration of the CrossFit Games Finals and for a reasonable period thereafter, as required for event administration, legal compliance, or record-keeping. After this period, the Form will be securely deleted or destroyed in accordance with CrossFit, LLC's data retention policies.

Rights and Acknowledgments

- **Voluntary Participation:** I understand that providing this consent is voluntary, but it is a condition of participating in the CrossFit Games Finals. If I do not consent, I may be ineligible to compete.
- **Revocation:** I may revoke this consent in writing at any time by contacting CrossFit, LLC at medical@crossfit.com. Revocation will not affect actions taken before receipt of the revocation, and it may result in my ineligibility to compete.
- **Access to Information:** I may request access to my Medical Eligibility Form held by CrossFit, LLC by contacting medical@crossfit.com. CrossFit, LLC will respond within a reasonable timeframe, subject to applicable laws.
- **No Guarantee of Security:** I understand that no data storage system is completely secure, and while CrossFit, LLC will take reasonable steps to protect my information, it cannot guarantee absolute security.
- **Not a Medical Provider:** I acknowledge that CrossFit, LLC is not a health care provider and is collecting this information solely for the purpose of ensuring safe participation in the CrossFit Games Finals.

Questions or Concerns

For questions about this form or how my information will be handled, I may contact CrossFit, LLC at:

Email: medical@crossfit.com

Phone: 206.255.1854

Athlete Consent

I have read and understood this consent form. I authorize CrossFit, LLC to collect, store, review, and use my Medical Eligibility Form as described above for the purpose of assessing my eligibility to compete in the CrossFit Games Finals. I understand the risks and rights outlined in this form and provide my consent freely.

Signature of Athlete: _____

Date: _____