

CrossFit Lower Mountains Health Assessment & Waiver/Release of Liability

Unit 8/9 10 Production Place Jamisontown NSW 2750.

www.Crossfitlowermountains.com.au

0412 346 909

PERSONAL INFORMATION

Name: _____

Address: _____

Email: _____

Date of Birth: _____

Phone: _____ / _____

Occupation: _____

Emergency Contact Details: _____

Can we use your email address to send you information about CrossFit Lower Mountains? Yes / No

HEALTH ASSESSMENT

Have you ever had any form of heart disease? Yes / No

Do you have any current injuries? Yes / No

Have you ever experienced shortness of breath or chest pains? Yes / No

Do you have any allergies? Yes / No

Do you have a family history of heart disease? Yes / No

Are you currently taking any medication? Yes / No

Do you have, or have you had problems with your knees? Yes / No

Are you a smoker? Yes / No

Do you have problems with your back? Yes / No

Are you currently exercising? Yes / No

Do you have any hip/pelvis problems? Yes / No

Have you participated in strenuous exercise before? Yes / No

Do you have high blood pressure? Yes / No

Do you ever get dizzy Yes / No

Do you have any neck/shoulder problems? Yes / No

Are there any exercises that you know you cannot do? Yes / No

Do you have diabetes? Yes / No

Is there any reason you know of that you should not participate in exercise? Yes / No

If you answer yes to any of these questions please provide more information in the space below:-

WARNING ... Safety first!!

High intensity exercise must be approached cautiously in the beginning, a gradual ramp up of intensity is necessary to allow muscles cells to adapt to the new demands being placed on them. Failure to do so opens the door to a life threatening condition, known as 'Rhabdomyolysis'. In short, the muscle cells are damaged flooding the bloodstream with toxins that can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential shutdown. CrossFit can cause Rhabdomyolysis. It is important that you start at a reduced intensity. Brown urine, complete muscle weakness and/or swelling of joints are warning signs of 'Rhabdo'. If you develop these symptoms, seek medical assistance **IMMEDIATELY**.

Waiver and Release of Liability
 CrossFit Lower Mountains
 Unit 8/9 10 Production Place, Jamisontown, NSW 2750

In consideration of CrossFit Lower Mountains and its trainers allowing me to participate, I acknowledge, understand and I am aware that I have voluntarily chosen to participate in training activities provided by CrossFit Lower Mountains and its trainers

SIGNED: _____

DATE: _____

I understand there are inherent risks in all aspects of physical training and I acknowledge that I have been informed of the possible strenuous nature of the training and the potential for undesirable physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack and/or death. I also acknowledge that I have been specifically warned about the medical condition 'Rhabdomyolysis' and accordingly I have been advised to limit my effort in order to minimise the risks associated with this condition.

I understand that the training may involve weightlifting, gymnastic movements, strenuous body weight exercises and other high exertion activities, and that I am not obligated to perform nor participate in any activity that I do not wish to

do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my trainer. I give any CrossFit Lower Mountains staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against any CrossFit Lower Mountains directors, officers, employees, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees"). I agree to **RELEASE THE RELEASEES** from:-

Any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the programs, activities and services provided by CrossFit Lower Mountains and its trainers due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care.

I agree to **HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from:-

Any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in any program, activity or service provided by the Releasees.

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 CrossFit Lower Mountains and its trainers 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.

Use of picture(s)/film/likeness: I agree to allow CrossFit Lower Mountains, its subsidiaries, agents, officers, principals, employees and/or volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit Lower Mountains of this in writing.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS “INFORMED CONSENT FORM” I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTOR, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

SIGNATURE OF PARTICIPANT

DATE: _____

If the participant is under the age of 18,

SIGNATURE OF PARENT OR GUARDIAN

DATE: _____

NAME OF PARENT OR GUARDIAN (PLEASE PRINT)

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