

# HEALTH ASSESSMENT & WAIVER FORM

CROSSFIT NEWMARKET IS A HIGH INTENSITY STRENGTH AND CONDITIONING PROGRAM

## PERSONAL DETAILS

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY NUMBER: \_\_\_\_\_

Can we use your email address to send you information about CrossFit? YES  NO

## HEALTH ASSESSMENT

Please tick	Yes	No		Yes	No
Have you ever had any form of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any hip/pelvis problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any current injuries?	<input type="checkbox"/>	<input type="checkbox"/>	Have you participated in strenuous exercise before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experienced shortness of breath or chest pains?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have high blood pressure? Do you ever get dizzy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any neck/shoulder problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a family history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any exercises that you know you cannot do?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have knee problems? Are you a smoker?	<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason that you should not participate in exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have back problems? Are you currently exercising?	<input type="checkbox"/>	<input type="checkbox"/>	If you answer yes to any of these questions please provide more information below:	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of these questions please provide more information 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, know 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.

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/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent/Guardian) Print Name: \_\_\_\_\_

# HEALTH ASSESSMENT & WAIVER FORM

## CROSSFIT NEWMARKET IS A HIGH INTENSITY STRENGTH AND CONDITIONING PROGRAM

**In consideration of CFN NZ Ltd allowing me to participate, I acknowledge, understand and I am aware that:**

I have voluntarily chosen to participate in training activities provided by a CFN NZ Ltd, trading as "CrossFit Newmarket". 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.

Initials \_\_\_\_\_

I understand that the training may involve weight lifting, 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 light-headed, faint, dizzy, nauseated, or experience pain or discomfort, **I am to stop the activity and inform my trainer.** I give CFN NZ Ltd and the 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.

Initials \_\_\_\_\_

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against CFN NZ Ltd, and its 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 CFN NZ Ltd, 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.

Initials \_\_\_\_\_

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 CFN NZ Ltd 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.

Initials \_\_\_\_\_

**Use of picture(s)/film/likeness:** I agree to allow CFN NZ Ltd, its agents, officers, principals, employees and 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 CFN NZ Ltd of this in writing.

Initials \_\_\_\_\_

**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/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent/Guardian) Print Name: \_\_\_\_\_