



PERSONAL INFORMATION

NAME:	ADDRESS:
DATE OF BIRTH:	AGE:
HOME PHONE:	MOBILE:
EMERGENCY CONTACT NAME & PHONE:	EMERGENCY CONTACT NAME & PHONE:
GENDER:	OCCUPATION:
EMAIL:	

May I use your email to send you information about training? Yes / No

HEALTH ASSESSMENT

Are you currently exercising?	Yes	No
Have you participated in strenuous exercise before?	Yes	No
Have you consulted a doctor about starting an exercise program?	Yes	No
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 problems with your knees?	Yes	No
Do you have problems with your back?	Yes	No
Do you have any hip/pelvis problems?	Yes	No
Do you have any neck/shoulder problems?	Yes	No
Do you smoke?	Yes	No
Do you ever get dizzy?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have low blood pressure?	Yes	No
Are there any exercises 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
Do you have Asthma?	Yes	No
Do you have an infectious disease?	Yes	No
Are you or could you be pregnant?	Yes	No
Do you or have you had Rheumatic or Ross River Fever?	Yes	No
Do you have a liver or kidney condition?	Yes	No
Do you have Arthritis?	Yes	No
Do you have or have you had Cancer?	Yes	No
Do you have or have you had a Thyroid Condition?	Yes	No
Do you have Epilepsy?	Yes	No
Do you have high cholesterol?	Yes	No



If you have answered **YES** to any of the above, or have any other condition 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 muscle and other 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, as well as other forms of high intensity exercise, can cause Rhabdomyolysis. **It is important that you start at a reduced intensity.** Brown urine (coke coloured), 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 understand the above information and have completed this section to the best of my knowledge.

Signature

Date

INFORMED CONSENT FORM

Waiver and Release of Liability
CrossFit Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust
100 Russell Street, Toowoomba, Queensland 4350

In consideration of CrossFit Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust allowing me to participate, I acknowledge, understand and I am aware that:

I have voluntarily chosen to participate in group training sessions provided by CrossFit Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust I understand such a program can enhance the musculoskeletal and cardio respiratory systems. I also understand there are inherent risks in participating in a program of strenuous exercise. I have been informed of the possible strenuous nature of group training and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death. I also acknowledge 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 group training may involve weightlifting, gymnastic movements, strenuous bodyweight 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 CrossFit Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust 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 CrossFit Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust, future 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 Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust, 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.

Initial: _____

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 Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust 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/Likenesses: I agree to allow CrossFit Toowoomba Pty Ltd ATF Maas-MacGyver Family Trust, their 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 Joanne Leigh Maas 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:** _____

Print Name: _____

If participant under the age of 18,

Signature of Parent or Guardian: _____ **Date:** _____

(Parent/Guardian) Print Name: _____