



Date: _____

Personal Information

Name: _____ Date of Birth: _____

Address: _____

E-mail: _____

Phone (H): _____ Phone (W): _____

Mobile Phone: _____

Occupation: _____

Emergency Contact: _____ Emergency Contact Number: _____

How did you hear about us? _____

What Classes will you like to attend? 5:30am 6:30am 9:30am 4pm 5:15pm 6:15pm

Would you need child minding? Yes / No

Health Assessment (please circle)

Do you have high or low blood pressure? Yes/No

Do you have any heart problems? Yes/No

Do you have diabetes? Yes/No

Do you have any past or present knee problems? Yes/No

Do you have any past or present hip problems? Yes/No

Do you have any past or present shoulder/neck problems? Yes/No

Do you have any past or present back injuries? Yes/No

Do you have any other current injuries? Yes/No

Do you have arthritis? Yes/No

Do you have asthma? Yes/No

Do you smoke? Yes/No

Are you pregnant/post natal? Yes/No

Do you have any allergies? Yes/No

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

If you have any other relevant medical problems or you answered yes to ANY of the above please provide more information: _____

Exercise History

WARNING ... 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, places you at risk of a potentially life threatening condition, known as **'Rhabdomyolysis'** caused by muscle damage and seriously affecting internal organs. **CrossFit and general fitness 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 - Thomas Blain/ Thomas Blain & Simon Cockrem/ Thomas Blain & Timothy Holdsworth/ Madison Chiverton (t/a "CrossFit HBZ" "CrossFit HBZ 4880" CrossFit HBZ 4870" "MCT Fitness) 26 Eclipse Dr Atherton/ 159 Walsh St Mareeba/Lot 1/1 Marshal St Bungalow

In consideration of **Thomas Blain, Simon Cockrem, Timothy Holdsworth & Madison Chiverton** allowing me to participate, I acknowledge and understand that I have voluntarily chosen to participate in training activities provided by Thomas Blain, Simon Cockrem & Timothy Holdsworth trading as "CrossFit HBZ", "CrossFit HBZ 4880", CrossFit HBZ 4870 & MCT Fitness. I agree that CrossFit HBZ, CrossFit HBZ 4880, CrossFit HBZ 4870 & MCT Fitness is in no way responsible for the safekeeping of my personal belongings while I attend class.

I understand that the 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 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 warrant that I do not suffer from any medical condition that may affect my ability to participate safely in strenuous exercise.** 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 should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my trainer. I give CrossFit HBZ, CrossFit HBZ 4880, MCT Fitness & CrossFit HBZ 4870 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. If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit HBZ, CrossFit HBZ 4880, MCT Fitness & CrossFit HBZ 4870 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. I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against CrossFit HBZ, CrossFit HBZ 4880, MCT Fitness & CrossFit HBZ 4870, 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 or my child or children may suffer, or that my next of kin may suffer as a result of my participation in the programs, activities, child minding and services provided by CrossFit HBZ, CrossFit HBZ 4880, MCT Fitness & CrossFit HBZ 4870, 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.

Use of picture(s)/film/likeness: I agree to allow CrossFit HBZ, CrossFit HBZ 4880, MCT Fitness & CrossFit HBZ 4870, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit HBZ, CrossFit HBZ 4880, MCT Fitness & CrossFit HBZ 4870 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.**

Name: _____ Signature _____ Date: _____

(Under 18) Parent/Guardian: _____ Signature: _____ Date: _____