



PERSONAL INFORMATION

Name		Date of birth	
Address (No. / Street)		Gender	
Suburb		Occupation	
Postcode		Emergency contact	
Phone / Mobile		Relation	
Email		Emergency phone	

Can we use your email to send you information about CrossFit King? Yes / No

How did you hear about us? _____

HEALTH ASSESSMENT

Have you:		Please provide more information if you answered 'Yes'
participated in strenuous exercise before?	Y/N	
participated in CrossFit before?	Y/N	Experience: 0-6 months / 6-12 months / 1yr +
ever had any form of heart disease?	Y/N	
ever experienced shortness of breath or chest pains?	Y/N	
ever become dizzy?	Y/N	
any reason why you should not participate in exercise?	Y/N	

Are you:		Please provide more information if you answered 'Yes'
a smoker?	Y/N	
currently taking any medication?	Y/N	

Do you have:		Please provide more information if you answered 'Yes'
a family history of heart disease?	Y/N	
high blood pressure?	Y/N	
diabetes?	Y/N	
epilepsy?	Y/N	
history of cancer?	Y/N	
asthma?	Y/N	
any allergies?	Y/N	
problems with your back?	Y/N	
any neck / shoulder problems?	Y/N	
any hip/pelvis problems?	Y/N	
problems with your knees/ankles?	Y/N	
surgery history?	Y/N	

ADMIN: INTRO / TRIAL / DROP IN (how long staying)

Trainer:



WAIVER AND RELEASE OF LIABILITY

CrossFit King Pty Ltd

655/ Toohey Rd, Salisbury

WARNING – Safety First!!

High intensity exercise must be approached cautiously in the beginning; a gradual ramp up of intensity is necessary to allow muscle 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.

High intensity exercise 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. In consideration of James King allowing me to participate in activities at *CrossFit King*, I acknowledge, understand and I am aware that:

I have voluntarily chosen to participate in activities provided by James King, trading as *CrossFit King*. 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 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 lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am able to stop the activity and inform my trainer. I give James King 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 James King, *CrossFit King* 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 *CrossFit King* 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 releases. 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 James King to administer any 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 James King, *CrossFit King*, 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 foresaid purpose, I agree that I must inform James King 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, ADMINSTERS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

Name: _____ Signature: _____ Date: _____

If the participant is under the age of 18:

Parent/Guardian name: _____ Signature: _____ Date: _____