

## Pre-exercise information form

### Your details

Title		First name		Last name	
DOB		Age		Gender	
Home phone		Mobile phone		Work phone	
Email				Fax	
Address				Suburb	
				Postcode	
Occupation					
Emergency contact		Relationship		Phone	
How did you hear about us?					

### Health assessment

Do you have asthma or other breathing disorder?	YES	NO	Do you have a hernia (or have had one previously)?	YES	NO
Do you have a heart conditions or chest pain?	YES	NO	Are you taking medication?	YES	NO
Do you have blood pressure issues?	YES	NO	Do you have any muscular issues?	YES	NO
Do you have high cholesterol or high blood triglycerides?	YES	NO	Do you have any skeletal or joint issues?	YES	NO
Do you have epilepsy or fits?	YES	NO	Have you participated in strenuous exercise before?	YES	NO
Do you get dizzy or suffer fainting?	YES	NO	Are there any exercises you know that you cannot do?	YES	NO
Do you have Diabetes?	YES	NO	Are you pregnancy? (if applic.)	YES	NO

If you answered 'yes' to any of the above questions, please provide details:


### WARNING! Safety comes 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.

## Waiver and Release of Liability

MetCon Fitness Solutions Pty Ltd (trading as "CrossFit Victoria")  
3/62 Rose St, Fitzroy, Victoria 3065



In consideration of MetCon Fitness Solutions Pty Ltd allowing me to participate, I acknowledge, understand and I am aware that:

	Initial
I have voluntarily chosen to participate in training activities provided by MetCon Fitness Solutions Pty Ltd (trading as "CrossFit Victoria"). 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.	
The responses on the Pre-exercise Form are true and complete to the best of my knowledge. I understand and agree that it is my responsibility to inform my Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.	
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, <b>I am to stop the activity and inform my trainer.</b> I give MetCon Fitness Solutions Pty 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.	
During a training session, my trainer may have to use appropriate physical contact to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with said physical contact, I will immediately request that my trainer discontinue using this technique.	
I may be photographed and/or filmed during events/sessions and I agree to allow MetCon Fitness Solutions Pty Ltd to use these pictures, films, and/or likenesses of me for promotional purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform MetCon Fitness Solutions Pty Ltd of this in writing.	
MetCon Fitness Solutions Pty Ltd does not offer refunds or credits. I understand that my minimum training commitment is three months. I understand that I may suspend my membership by completing a Membership Suspension Form at least two weeks before the suspension period and that any suspension will not be back-dated. I understand that I must complete a Membership Cancellation Form should I wish to cease training and that any pre-paid training dues will not be reimbursed.	
I agree to <b>WAIVE ANY AND ALL CLAIMS</b> that I have or may have in the future against MetCon Fitness Solutions Pty 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 <b>RELEASE THE RELEASEES</b> 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 MetCon Fitness Solutions Pty Ltd, due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care. I agree to <b>HOLD HARMLESS AND INDEMNIFY THE RELEASEES</b> 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 MetCon Fitness Solutions Pty 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.	

**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: \_\_\_\_\_

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

### Office Use Only

Date received: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Contact Type: Phone  Walk in  Email  Website  Enquiry  Lead  Sale

MBO: Member number: \_\_\_\_\_ Date entered: \_\_\_\_\_ By: \_\_\_\_\_