



**PERSONAL DETAILS**

Name: .....

Address: .....

.....

Phone..... Mobile..... Email.....

DOB...../...../..... Age..... Sex M/F

**EMERGENCY CONTACT:**

Name: ..... Phone.....

Relationship.....

Preferred method of contact (please circle) Call Text Email None

**PRE-EXERCISE LIFESTYLE QUESTIONNAIRE**

Have you ever had any form of heart disease? Yes/No

Do you have a family history of heart disease? Yes/ No

Have you ever experienced chest pains? Yes/ No

Do you have high blood pressure? Yes/No

Are you currently taking any medication? Yes/ No

Do you have diabetes? Yes/ No

Do you have any allergies? Yes/ No

Are you pregnant? Yes/ No

Have you given birth in the past 6 months? Yes/ No



Do you have or have you ever had any of the following (please circle):

STOMACH/DUODENAL ULCER

STROKE

DIZZINESS OR FAINTING

HEART PROBLEMS

HERNIA

EPILEPSY

MUSCULAR PAIN

ANY OTHER CONDITION

If you answered yes to any of the questions above, please give details here

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.....  
.....  
.....

Are you a smoker? Yes/ No

Are you currently exercising? Yes/ No

Have you participated in strenuous exercise before? Yes/ No

Are there any exercises that you know you cannot do? Yes/ No

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

Do you have or have you ever had any major pain or injuries in the following areas (please circle)

Neck                  Knees                  Back                  Ankles                  Hip                  Shoulder

Details:

.....  
.....  
.....

Do you have any other current injuries? Yes/ No

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.....  
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I, ..... hereby agree to abide by the rules established by CrossFit Fornix in relation to the use of its facilities and to conduct myself appropriately and follow all reasonable directions of staff whilst participating in all fitness services being conducted by CrossFit Fornix.

I am not obligated to perform or participate in any activity that I do not wish to, and that it is my right to refuse participation at any time during my training sessions.

I am aware that there is some risk involved with any exercise and my use of the premises, facilities and equipment and my participation in the activities and programs conducted by CrossFit Fornix involves risk.

I 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 permit staff of CrossFit Fornix 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 signing on behalf of a minor, 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:.....

I agree to WAIVE ANY AND ALL CLAIMS that I have or may have in the future against CrossFit Fornix and its directors, officers, employees, agents , volunteers and independent contractors (all of whom are hereinafter collectively referred to as 'the Releasees').

I agree to 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 Fornix, 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:.....

Use of picture(s)/film/likeness: I agree to allow CrossFit Fornix, 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 CrossFit Fornix of this in writing.

Initials:.....

Client / Member's Signature:..... Date: ...../...../.....

Staff Signature:..... Date: ...../...../.....