



PO Box 8286, Bargara, Qld, 4670.  
ABN 99 455 987 566

**PRIVATE AND CONFIDENTIAL**

**Participation Form  
Personal Details, Health Screening and Waiver**

Name:			
Address:			
Phone	H:	Mob:	Work:
E-mail:			
Age:	D.O.B:	male <input type="checkbox"/>	female <input type="checkbox"/>
Occupation:			
Emergency contact	Name:		
	Phone:	Relationship:	

**Health Screening**

Have you ever suffered from / do you suffer from / do you have a family history of any of the following conditions?

Condition	✓	Condition	✓	Condition	✓
Heart Disease / Palpitations		Shortness of breath		Allergies	
High Cholesterol		Epilepsy		Diabetes	
High Blood Pressure		Joint / Back / Neck / Knee / Hip Problems		Arthritis	
Low Blood Pressure		Chest Pain / Tightness		Stroke	
Dizziness		Chronic Headaches		Asthma	
Chronic Cough		Major Operations / Injuries		Arthritis	
Infectious Diseases		Cancer		Liver / Kidney Problems	
Hernia		Unaccustomed to exercise		Thyroid Condition	

Details of the above or other conditions not listed:

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Do you Smoke? Yes / No

Are you / could you be pregnant? Yes / No

Are you currently taking any medication? If Yes – provide details.

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Please detail any past or current physical injuries:

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Are there any exercises that you cannot do or any exercises that a medical professional has instructed that you cannot do?

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Are there any other conditions or reasons that will restrict your participation in a physical training program?

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Details of Current and previous physical activity, exercise programs, sports etc:

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Other Comments, Health and Fitness Goals:

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How did you find out about CrossFit Bundaberg? Were you referred by anyone? If so, who?

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I have read and understand the above information and have completed the Health Screening section to the best of my knowledge

Signature: ..... Date: .....

## Waiver

In this document:

**“Instructor”** means Alec Munn and any volunteer, officer, employee, trainer, instructor, agent, contractor or representative of Right Action Health and Fitness Solutions or CrossFit Bundaberg;

**“Exercise Activity”** includes but is not limited to personal training, fitness classes, CrossFit classes, team or individual exercises, fitness assessments, use of facilities, strength conditioning, interval training, stretching, outdoor running, sports programs, kettlebell training and any other activities provided by the Instructor; and

**“Participant”** means you and any other person partaking in the Exercise Activity.

- Sexual, cultural or any other form of harassment is not tolerated at any time. Any Participant that believes they are the subject of harassment shall inform the Instructor as soon as possible.
- In the event of unacceptable behaviour, the Instructor has the right to stop a Participant from continued participation in a class.
- If any portion of this document is held to be invalid, the remainder of the document shall remain in full legal force and effect.
- I agree to allow the Instructors to use pictures, film and other similar technology for advertising purposes. In the event that I choose not to allow the use of the same for said purpose, I agree that I must inform the Instructors in writing. **Initials:**\_\_\_\_\_

### **WARNING**

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, 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. Exercise Activity 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. **Initials:**\_\_\_\_\_

- Inherent risks include but are not limited to:
  - transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps, muscle soreness, pain, discomfort, fatigue, nausea, heart failure, exercise induced rhabdomyolysis;
  - all manner of injuries resulting from slipping or falling, either roped or unroped, while jumping, skipping, running, walking, lifting, climbing, and impacting against the floor, walls, equipment, other athletes, or any permanent or temporary fixtures or equipment;
  - abrasion, entanglement, lacerations, bruising, dislocation, and other injuries resulting from activities on or near stands, racks, weight bars, pull up bars, walls, ropes, cargo nets, medicine balls, and plyo boxes;
  - injuries resulting from falling objects such as weights, dumbbells, bars, medicine balls, kettle bells, ropes, and so forth or by any objects dropped by other participants or instructors conducting Exercise Activities or assisting Participants; and
  - failure of the equipment, racks, stands, bars, attachments, anchors, ropes or harnesses. **Initials:**\_\_\_\_\_
- There are no medical reasons why I should not participate in a class or Exercise Activity provided by the Instructor and I am voluntarily choosing to participate in Exercise Activities provided by the Instructors. **Initials:**\_\_\_\_\_

- The Instructor will take steps to reduce the risks and increase the safety of all Exercise Activities, however I am ultimately responsible for my own safety in participating in Exercise Activities. **Initials:**\_\_\_\_\_
- I am personally responsible for my preparation prior to Exercise Activities, concentration and attention during these Exercise Activities, and for my post Exercise Activity rest and recovery. I will rest if needed and exercise within my own level of ability at all times. **Initials:**\_\_\_\_\_
- I understand that if I do have any medical reasons why I should not participate in this class then it is my responsibility to inform the Instructor and obtain a clearance from my doctor before engaging in any class participation or Exercise Activity. **Initials:**\_\_\_\_\_
- I understand that the Exercise Activities may involve weightlifting, 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 the Exercise Activities. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the Exercise Activity and inform my Instructor. I give the Instructor 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:**\_\_\_\_\_
- To the full extent permitted by law, I (as Guardian if Participant is under 18) release, hold harmless and indemnify the Instructors and any third party from any and all liability for any loss, damage, expense or personal injury including death that I may suffer as a result of my participation in Exercise Activities due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care. **Initials:**\_\_\_\_\_
- I (as Guardian if Participant is under 18) have read, understood, acknowledge and agree to this document, in particular the Waiver. I am aware that by signing this document I am waiving certain legal rights that I may have against the Instructors and I understand that there is an inherent risk in any Exercise Activity which includes (but is not limited to) the potential for serious personal injury or death. **Initials:**\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Guardian (if under 18): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If I am signing on behalf of a minor child, I also give full permission for any person connected the Instructors 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:**\_\_\_\_\_

**For Instructors Use Only**

**Notes**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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