

	INTRO/FOUNDATIONS INFORMATION SHEET & WAIVER Wellness Personality Systems Ltd t/a CrossFit Horowhenua Unit 1 & 2 / 26 McKenzie Street, Levin
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Name	Age
Emergency Contact	Phone – Emergency
How did you hear about CrossFit Horowhenua / who referred you?	

I have voluntarily chosen to participate in the Free Introductory Session and/or Foundations Sessions provided by Wellness Personality Systems Ltd. I understand there are inherent risks in all aspects of physical training involving the potential for undesirable physiological results. I understand I am not obligated to perform nor participate in any activity that I do not wish to do. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, **I should stop the activity and inform the coach/trainer.** I give Wellness Personality Systems 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. **I give my assurance that I am physically and mentally capable of performing body weight exercise and light to moderate weighted exercise for a one hour duration.**

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against Wellness Personality Systems Ltd, and it's directors, officers, employees, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees". 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. Nothing in this clause is intended to have the effect of contracting out of the Consumer Guarantees Act 1993 except to the extent permitted by that Act.

HEALTH ASSESSMENT (all compulsory questions)	
Have you ever had any form of heart disease?	Have you participated in strenuous exercise before?
Have you ever experienced shortness of breath or chest pains?	Are there any exercises that you know of that you cannot do?
Do you have a family history of heart disease?	Is there any reason you know of that you should not participate in exercise?
Do you have high blood pressure?	Do you have any current injuries?
Do you have diabetes?	Do you have problems with your knees?
Do you have any allergies?	Do you have problems with your back?
Are you currently taking any medication?	Do you have problems with your hip/pelvis?
Are you a smoker or have you recently stopped?	Do you have any neck/shoulder problems?
Do you ever get dizzy?	Are you pregnant or have you been pregnant in the last 12 months?
Are you currently exercising?	Did you have any muscle separation or other events that may affect your ability to exercise?

If you answered yes to any of the questions above please provide detailed information below (continue over if required)

Any exercise must be approached with caution, at the beginning in particular. 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 increases the risk of a life threatening condition known as 'Rhabdomyolysis'. In short the muscle cells are damaged flooding the blood stream with toxins that can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential shut-down. 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 symptoms, seek medical assistance IMMEDIATELY.

Signature _____

Date Signed _____