

PERSONAL INFORMATION

NAME		GENDER	
ADDRESS		DATE OF BIRTH	
MOBILE		OCCUPATION	
PHONE		EMERGENCY CONTACT	
EMAIL		EMERGENCY NUMBER	

Do you give us permission to use your email address to send you information about CrossFit Nitro?

Yes / No

What do you hope to achieve by becoming a member at CrossFit Nitro?
(Please tick all boxes that apply to you)

- | | | | |
|----------------------------------|--------------------------|--------------------------------------|--------------------------|
| Increase muscle mass | <input type="checkbox"/> | Improve balance | <input type="checkbox"/> |
| Decrease body fat | <input type="checkbox"/> | Improve agility | <input type="checkbox"/> |
| Improve Co-ordination | <input type="checkbox"/> | Improve reaction time | <input type="checkbox"/> |
| Improve flexibility | <input type="checkbox"/> | Meet new people | <input type="checkbox"/> |
| Improve speed | <input type="checkbox"/> | Learn new skills | <input type="checkbox"/> |
| Improve cardiovascular Endurance | <input type="checkbox"/> | A place to de-stress / let off steam | <input type="checkbox"/> |
| Improve power | <input type="checkbox"/> | Simply go hard and see what happens | <input type="checkbox"/> |

HEALTH ASSESSMENT

Have you ever had any form of heart disease?

Yes/No

Do you have problems with your back?

Yes/No

Do you have a family history of heart disease?

Yes/No

Do you have problems with your knees?

Yes/No

Do you have any hip/pelvis problems?

Yes/No

Do you have diabetes?

Yes/No

Do you ever get dizzy?

Yes/No

Are you a smoker?

Yes/No

Are you currently exercising?

Yes/No

Do you have any allergies?

Yes/No

Do you have any current injuries?

Yes/No

Are you currently taking any medication?

Yes/No

Have you participated in strenuous exercise before?

Yes/No

Have you ever experienced shortness of breath or chest pains?

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

If you answered yes to any health assessment questions please provide more information in the space below:

PERSONAL INFORMATION CONTINUED

What would you say is your main strength you bring with you to CrossFit?

What would you say is your main weakness you will need to work on improving at CrossFit?

How do you most prefer to be motivated?
(Please tick one box only)

- | | | | |
|-------------------------|--------------------------|---|--------------------------|
| Gentle encouragement | <input type="checkbox"/> | A combination of gentle and strong | <input type="checkbox"/> |
| Strong encouragement | <input type="checkbox"/> | A combination of strong and powerful military style | <input type="checkbox"/> |
| Powerful military style | <input type="checkbox"/> | A combination of gentle, strong and powerful military style dependant on the circumstance | <input type="checkbox"/> |

If your attendance becomes irregular do you give us permission to contact you to offer support?

- | | | | |
|------------|--------------------------|--------------|--------------------------|
| Yes please | <input type="checkbox"/> | No thank you | <input type="checkbox"/> |
|------------|--------------------------|--------------|--------------------------|

If you answered yes to the previous question, by which means would be most appropriate?
(Please tick one box only)

- | | | | | | |
|-------|--------------------------|-------|--------------------------|--------|--------------------------|
| Phone | <input type="checkbox"/> | Email | <input type="checkbox"/> | Either | <input type="checkbox"/> |
|-------|--------------------------|-------|--------------------------|--------|--------------------------|

Do you learn best by? (Please tick one box only)

- | | | | | | |
|-----------|--------------------------|----------|--------------------------|-------|--------------------------|
| Listening | <input type="checkbox"/> | Watching | <input type="checkbox"/> | Doing | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|-------|--------------------------|

Overall how would you describe your nutritional intake? (Please tick one box only)

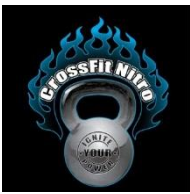
- | | | | |
|---------|--------------------------|-----------|--------------------------|
| Poor | <input type="checkbox"/> | Good | <input type="checkbox"/> |
| Average | <input type="checkbox"/> | Excellent | <input type="checkbox"/> |

Would you like a complimentary goal setting session to further assist us to support you?

- | | | | |
|------------|--------------------------|--------------|--------------------------|
| Yes please | <input type="checkbox"/> | No thank you | <input type="checkbox"/> |
|------------|--------------------------|--------------|--------------------------|

If there is any other information you think we should know please use the space below:

*Congratulations on your decision to join us at CrossFit Nitro.
Welcome to the CrossFit community, we hope your CrossFit journey is a long
and prosperous one!*



WAIVER AND RELEASE OF LIABILITY

Participant Name: _____ Date of Birth: _____

Contact Number: _____ Email: _____

Club: _____

CROSSFIT NITRO PTY LTD.

In consideration of CrossFit Nitro PTY LTD allowing me to participate, I acknowledge, understand and I am aware that:

I have voluntarily chosen to participate in training activities provided by CrossFit Nitro PTY LTD. 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 to stop the activity and inform my trainer.** I give CrossFit Nitro 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.

Initials: _____

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against CrossFit Nitro 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 **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 Nitro 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 **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: _____

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 CrossFit Nitro 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.

Initials: _____

Use of picture(s)/film/likeness: I agree to allow CrossFit Nitro PTY LTD, 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 Nitro PTY LTD 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, ADMINISTERS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

Signature of participant: _____ Date: _____

Witnessed by: _____ (CrossFit Nitro) Date: _____

If the participant is under the age of 18, **Signature of Parent or Guardian:** _____

Date: _____ (Parent/Guardian) Print Name: _____