

Level 4 CrossFit Seattle
INFORMED CONSENT / RELEASE WAIVER

Participant's Name:		
Street Address:		
City:	State:	Zip code:
Email:		
Tel/Cell:	Tel/Home:	

In case of EMERGENCY, contact: _____ Tel _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities, callisthenic exercises, gymnastics and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

DESCRIPTION OF POTENTIAL RISKS:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that CrossFit Seattle shall not be liable for any damages arising from personal injuries sustained by buyer while and during the PERSONAL TRAINING PROGRAM. Buyer using the exercising equipment during the PERSONAL TRAINING PROGRAM does so at his/her own risk. Buyer assumes full responsibility for any injuries or damages which may occur during the training. I hereby fully and forever release and discharge seller, its assigns and agents from all claims, demands, damages, rights of action, present and future therein. I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form). I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

DESCRIPTION OF POTENTIAL BENEFITS:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in risk in heart disease. I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Participant _____ Date _____

Signature of Guardian _____ Date _____
(if participant is under the age of 18)

YES, I would like to receive mail from CrossFit Seattle about upcoming events and new offerings.

How did you find us? _____

Level 4 CrossFit Seattle

HEALTH HISTORY QUESTIONNAIRE

Name: _____		
Date of Birth: _____		
Height: _____	Weight (current): _____	1 yr Ago: _____

Have you exercised within the past 6 months? Yes No

Type of exercise: _____

Are you dieting? Yes No Type: _____

Do you have or have you ever had any of the following conditions?

<u>Condition</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Description</u>
Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Chest Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Thyroid	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Have you been injured to any of the following areas?

<u>Body Part</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Description</u>	<u>Date</u>
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Shoulders	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Arms	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Legs	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Are you currently taking any medication? Yes No

Specify Type & Dosage: _____

Do you smoke cigarettes? Yes No If yes, how much? _____

Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? Yes No If Yes, explain? _____

Does your Doctor know you are going to begin a new exercise program? Yes No

Release

I know of no physical or mental conditions which I, or my Doctor feel could be aggravated by my using the equipment and facilities or, participating in activities sponsored by this club. I agree to advise CrossFit Seattle in writing if any of the above information changes or if my Doctor advises me to stop, reduce or otherwise adjust my exercise regimen at the club. I will advise CrossFit Seattle immediately if I injure myself in anyway on club property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature of Participant _____ Date _____

Signature of Guardian _____ Date _____

(if participant is under the age of 18)