

INFORMED CONSENT AND LIABILITY WAIVER

In consideration of being allowed to participate in the activities and programmes of The Bar Athletics and to use the facilities and equipment owned and/or under the control of The Bar Athletics, in addition to the payment of any fee or charge, I hereby waive, release and forever discharge The Bar Athletics from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the abovementioned activities to the maximum extent permissible by New Zealand law.

I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death. In particular, I acknowledge and agree that the athletic activities I will be participating in require a high degree of effort, are designed to be high intensity, and are intended to challenge my cardiovascular endurance, stamina, strength, flexibility, power, speed, agility, accuracy, balance and coordination. I acknowledge and agree that I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved.

I understand that although The Bar Athletics will take steps to reduce the risks and increase the safety of all athletic activities, it is not possible for The Bar Athletics to make these athletic activities completely safe. I also acknowledge that I am personally responsible for my preparation prior to athletic activities, my concentration and attention during these athletic activities, and for my post activity rest and recovery.

I confirm that I have and will continue to honestly represent my level of fitness, health, nutrition, use of medication, medical history, and current physical, mental, and medical condition to The Bar Athletics. I understand that The Bar Athletics is not able to and will not provide me with medical advice with regard to any medical conditions I may have and that the information I provide to it is used only as a guideline to the limitations of my ability to exercise.

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on this form) that would prevent my participation or use of equipment or facilities.

I acknowledge that I have either had a physical examination and have been given my doctor's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities.

I confirm that I will learn and obey the rules and regulations of The Bar Athletics and that I will follow the instructions and directions of The Bar Athletics during athletic activities. I will also inform The Bar Athletics immediately should I feel pain, discomfort, fatigue, nausea or other symptoms that I may suffer during and immediately after athletic activities. I consent to receiving first aid and medical treatment by The Bar Athletics in the event of an accident, injury or illness during athletic activity.

I agree that this agreement and any rights, duties and obligation as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of New Zealand.

I confirm that I am over the full age of eighteen (18) years and that I have read this agreement/waiver prior to signing it and that I understand it.

Signed by:

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Date:

Full Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Email: _____

Pre activity Questionnaire

Name: _____

Home Phone: _____ Mobile Phone: _____

DOB: _____ Referred by: _____

Email: _____ Relationship: _____

Emergency Contact: _____

Emergency Phone: _____

CrossFit Timaru Ltd recommends that you clear your participation in any exercise program with your medical practitioner.

Are you happy for photos and/or videos of you to be used for advertising or on social media? Yes / No

Medical history

Have you experienced any of the following?

Heart Condition		Pain or tightness in Chest		Rheumatic Fever	
Arthritis		Heart Palpitations		Muscular Pain or fever	
Asthma		Infection or Infectious Disease		Hernia	
Diabetes		Liver Kidney Condition		Back Pain	
Epilepsy		High / Low Blood Pressure		Chronic Cough	
Regular Headaches		Recent hospital stays		High Cholesterol	
Cancer		Female >45 with no previous exercise		Major Operations	
Thyroid Condition		Male >45 with no previous exercise		Major Injuries	
Are you Pregnant		Any condition that can limit you		AIDS – length of treatment	

If you answered yes to any of the above or have any condition we need to be aware of can you please give some details:

Do you have any bone, muscle or joint injuries or conditions? e.g. lower back, knee, hip or shoulder problems

Are you taking any prescription medications YES/NO – if yes please provide details including side effects and duration of course:

I have read and understand the above information and have completed this section to the best of my knowledge:

Signature: _____

Date: _____