

XFit Participation Waiver & Liability Release

PERSONAL DETAILS

Full Name _____

Address, City, Zip _____

Phone _____ Email _____

Gender M / F Date of Birth _____

Emergency Contact _____ Phone _____

HEALTH ASSESSMENT

It is my professional duty of care to ask all participants to complete the following questions. Have you ever had or do you have any of the following conditions? Circle yes or no.

Stage 1- Medical Conditions

1. Do you take any medications on a regular basis? Yes / No

If so please list:

2. Do you have diabetes? Yes / No

If yes, please indicate if it is insulin-dependent diabetes mellitus or non-insulin dependent diabetes mellitus.

3. Have you had a stroke? Yes / No

4. Has your doctor ever said you have heart trouble? Yes / No

5. Do you have bad asthma and take asthma medication? Yes / No

6. Are you or do you have reason to believe you may be pregnant? Yes / No

7. Is there any other physical reason that prevents you from participating in an exercise program (e.g; cancer, osteoporosis, severe arthritis, thyroid, kidney or liver disease, back or neck problems? Yes / No

Stage 2 – Signs and Symptoms

1. Do you often have pains in your heart, chest or surrounding areas, especially during exercise? yes / no

2. Do you often feel faint or have spells of severe dizziness during exercise? yes / no

3. Do you experience shortness of breath when not doing anything strenuous? yes / no

4. Have you had an attack of shortness of breath after exercise at any time in the past 12 months? yes / no

5. Have you been awakened at night by an attack of shortness of breath? yes / no

6. Do you experience swelling or accumulation of fluid in or around your ankles? yes / no

7. Do you often get the feeling that your heart is beating faster, racing, or skipping beats, either at rest or during exercise? yes / no

8. Do you regularly get pains in your calves and lower legs during exercise which are not due to soreness or stiffness? yes / no

Stage 3 – Cardiac Risk Factors

1. Do you smoke cigarettes daily, or have you quit smoking within the past two years? yes / no

2. Has your doctor ever told you that you have high blood pressure? yes / no

3. Has your father, mother, brother, or sister had a heart attack or suffered from cardiovascular disease before the age of 65? yes / no

4. Are you a 46 or older male or 56 or older female at your last birthday? yes / no

5. Have you been hospitalized recently? yes / no

If so, please specify:

6. Have you ever suffered from any serious physical injury? yes / no
If yes, give details:

Stage 4 – Exercise Status

1. What are your current activity patterns?

- a) Frequency of exercise sessions per week 1 2 3 4 5 6 7 8+
- b) Current exercise intensity: Sedentary Easy Moderate Hard Very Hard
- c) Duration (minutes per session):
- d) Type of exercise performed:

SAFETY FIRST!
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. Brown urine, complete muscle weakness and/or swelling of joints are warning signs of Rhabdomyolysis. If you develop these symptoms, seek medical assistance IMMEDIATELY.

XFit instructors will rely upon my answers when assessing my physical capacity. Under all circumstances and at all times, I remain obliged to report XFit instructors any difficulty I experience or anticipate experiencing during physical activity before that activity commences or continues. I have read through and understand the information presented and have completed the section above to the best of my knowledge.

Signature of Client: _____ Date: _____

In consideration of Wellington Athletic Club, LLC dba Fitness1 allowing me to participate, I acknowledge, understand and I am fully aware that:

I have voluntarily chosen to participate in training activities provided by Wellington Athletic Club, LLC dba Fitness1. 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 minimize 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 Wellington Athletic Club, LLC dba Fitness1 and the staff permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for 100% of any expenses incurred.

Initials: _____

I agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against Wellington Athletic Club, LLC dba Fitness1, future 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 Wellington Athletic Club, LLC dba Fitness1 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 Wellington Athletic Club, LLC dba Fitness1 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 Wellington Athletic Club, LLC dba Fitness1, 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 Wellington Athletic Club, LLC dba Fitness1 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:** _____

If the participant is under the age of 18:

Signature of Parent or Guardian: _____ **Date:** _____

(Parent/Guardian) Print Name: _____