



**PERSONAL INFORMATION**

Name		Mobile	
Address		Date of Birth Age	
Phone		Emergency Contact	
Email		Emergency Number	
Gender		Occupation	

Can we use your email to send you information about CrossFit North Queensland/Finomenal Fitness? Yes/No

**HEALTH SCREEN**

1. Have you consulted a doctor about starting an exercise program? Yes / No
2. Do you currently or have you every had any of the following?

Any form of heart disease	Yes/No	Current injures	Yes/No
Ever experienced shortness of breath or chest pain	Yes/No	Any other reason you know of that would limit your activity?	Yes/No
A family history of heart disease	Yes/No	Currently taking any medication?	Yes/No
Problems with your knees	Yes/No	Smoke	Yes/No
Problems with your back	Yes/No	Are you currently exercising	Yes/No
High/Low blood pressure	Yes/No	Participated in strenous exercise before	Yes/No
Any neck/shoulder problems	Yes/No	Ever get dizzy/Regular head aches?	Yes/No
Diabetes	Yes/No	Exercises that you know you cannot do?	Yes/No
Asthma	Yes/No	Any allergies?	Yes/No
Infectious Diseases	Yes/No	Ladies are you pregnant	Yes/No
Arthritis	Yes/No	Hernia	Yes/No
Rheumatic or Ross River Fever	Yes/No	Liver/Kidney Condition	Yes/No
Cancer	Yes/No	Thyroid condition?	Yes/No
Epilepsy	Yes/No	High Cholesterol	Yes/No

If you have answered **YES** to any of the above, or have any other condition please provide more information in the space below.

---



---



---



---



---

**WARNING.....Safety first!!**

High Intensity exercise must be approached cautiously in the beginning, a gradual ramp up of intensity is necessary to allow muscle and other 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", In short the muscle cells are damaged flooding the bloodstream with toxins that can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential shutdown. CrossFit, as well as other forms of high intensity exercise, can cause Rhabdomyolysis. **It is important that you start at a reduced intensity.** Brown urine (coke coloured), complete muscle weakness and/or swelling of joints are warning signs of "Rhabdo".  
If you develop these symptoms, seek medical assistance IMMEDIATELY

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**INFORMED CONSENT FORM  
Waiver and Release of Liability**

**Fiona Muxlow (trading as “Finomenal Fitness” and “CrossFit North Queensland”  
PO Box 1272, Aitkenvale BC, QLD 4814**

**In consideration of Fiona Muxlow T/A Finomenal Fitness & CrossFit North Queensland allowing me to participate, I acknowledge, understand and I am aware that:**

I have voluntarily chosen to participate in group training sessions provided by Fiona Muxlow, trading as “Finomenal Fitness” & “CrossFit North Queensland” I understand such a program can enhance the musculoskeletal and cardio respiratory systems. I also understand there are inherent risks in participating in a program of strenuous exercise. I have been informed of the possible strenuous nature of group training and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death. I also acknowledge 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 group 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 light-headed, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Trainer. I give Finomenal Fitness 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 Fiona Muxlow T/A Finomenal Fitness 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 Fiona Muxlow T/A Finomenal Fitness and CrossFit North Queensland, 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 an 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. Initial:\_\_\_\_\_

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 North Queensland 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/Likenesses: I agree to allow Fiona Muxlow, her 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 Fiona Muxlow 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:** \_\_\_\_\_  
**Print Name:**\_\_\_\_\_

If participant under the age of 18,  
**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
( Parent/Guardian) **Print Name:**\_\_\_\_\_