



**PRE ACTIVITY QUESTIONNAIRE**

Name: _____	DOB: _____ Age: _____
Address: _____	City: _____
Phone: Home: _____ Mobile: _____	Work: _____
Email Address: _____	
Emergency Contact: Name: _____ Phone: _____	

**MEDICAL HISTORY**

Have you knowingly suffered from any of the following:

Heart Condition	Regular Headaches	Chronic Cough	
Arthritis	Cancer	High Cholesterol	
Asthma	Thyroid Condition	Major Operations	
Diabetes	Are you pregnant?	Major Injuries	
Pain in Chest	Rheumatic Fever	Any condition that may limit activity?	
Heart Palpitations	Muscular Pain or Cramps	Liver/Kidney Condition	
Infections or infectious diseases	Hernia	Epilepsy	
High/Low Blood Pressure	Back Pain	Have you been hospitalised lately?	

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:

\_\_\_\_\_

Are you taking any non prescribed or prescribed medications YES/NO – If yes please provide details (including side effects):

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Release of Liability, Waiver of Claims, Assumption of Risk, Indemnity Agreement, Jurisdiction Agreement**  
By Signing this document you will waive certain legal rights, including the right to sue.

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

**Definitions:**

- The term "Athletic Activity or Athletic Activities" includes but is not limited to Personal Training, fitness class, individual or team competitions, fitness assessments, use of facilities, observation of athletic activities, Olympic lifting, power lifting, strongman training or competitions, gymnastics, strength conditioning, metabolic conditioning, plyometrics, interval training, body weight conditioning, rope climbing, stretching, outdoors running, sports, clinics and services provided by CrossFit Napier.
- The term "injury" shall refer to all forms of physical, mental and emotional injury in any way related to athletic activity and transportation activities but not limited to: death, breaks, strains, lacerations, dislocations, exercise induced rhabdomyolysis, heart failure, concussion, frostbite, hypothermia, heat illness, dehydration, trauma, anxiety and fears.

**Disclaimer:**

I have agreed to participate in a CrossFit exercise Programme at CrossFit Napier. I understand that it is a programme offered from CrossFit Napier that involves Athletic Activities that are constantly varied and can be strenuous.

I acknowledge that in participating in the Athletic Activities there are risks involved. These can include and are not limited to blood pressure changes, muscle cramps, fatigue, nausea, exercise induced rhabdomyolysis, light-headedness and fainting.

In consideration of CrossFit Napier allowing me to participate in CrossFit Napier Athletic Activities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

To waive any and all claims that I have in the future against CrossFit Napier and their owners, volunteers, directors, officers, employees, trainers, instructors, agents, officials, independent contractors, servants, representatives, successors and assigns (all of whom are hereinafter referred to as the "Releasees") and to release the Releasees from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in climbing and transportation activity.

I confirm that I am of the full age of eighteen (18) years and I have read and understood this agreement prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against CrossFit Napier.

Privacy or Protection of Information: We will not sell or release your personal information.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ CFN Witness Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ CFN Witness Name: \_\_\_\_\_  
(Please Print)

This agreement must be completed in full, initialled where indicated, dated, signed and witnessed prior to participating in any CrossFit Napier Athletic Activities.