

CROSSFIT RECURSIVE

HEALTH ASSESSMENT

Regular physical activity is healthy, fun and safe if done properly. Any person should always check with their physician prior to starting an exercise program. Each person has a different capacity for participating in fitness activities. The risk involved is relative to each person's state of fitness or health and his or her awareness, care and skill when performing any activity. Please complete this form as accurately and completely as possible. This information will only be used to determine your individual training. We will keep your information confidential and not share it except with our training staff or with treatment providers in the event medical care is appropriate.

Name: _____ Email: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____

Relationship: _____ Phone: (_____) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY AND TO THE BEST OF YOUR ABILITY:

- YES/NO Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment? **If you answered NO, then please consult your physician prior to increasing your physical activity or performing a fitness assessment.**
- YES / NO Do you currently smoke?
- YES / NO Do you currently drink?
- YES / NO Are you currently taking any medications, prescription or non-prescription, that might impact your ability to safely perform physical activity?
- YES / NO Do you get headaches while under exertion of any kind?
- YES / NO Has your physician ever told you that you have a heart condition?
- YES / NO Do you experience pain in your chest when you are physically active?
- YES / NO Do you experience pain in your chest when NOT doing any physical activity?
- YES / NO Do you lose balance due to dizziness or do you ever lose consciousness?
- YES / NO Have you ever experienced a stroke?
- YES / NO Do you have high blood pressure?
- YES / NO Do you have diabetes?
- YES / NO Do you have low blood sugar levels (hypoglycemia)?
- YES / NO Do you have asthma or any respiratory condition that causes difficulty with breathing?
- YES / NO Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
- YES / NO Have you experienced within the past 6 months back pain or discomfort that kept you from normal daily activities?
- YES / NO Have you had any surgeries that would affect the proposed physical activity?
- YES / NO Are you pregnant or have you given birth in the last 3 months?
- YES / NO Do you know of any other reason why you should not participate in a program of physical activity?
- YES / NO Have you ever lifted weights before?

If you answered YES to any of the above, please provide additional information:

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Rate your current fitness level in the following areas:

Strength	Olympian	10	9	8	7	6	5	4	3	2	1	Couch Potato
Cardiovascular endurance		10	9	8	7	6	5	4	3	2	1	
Flexibility		10	9	8	7	6	5	4	3	2	1	
Balance		10	9	8	7	6	5	4	3	2	1	

What is your current fitness routine?

Rate your current eating habits:

Health-Nut 10 9 8 7 6 5 4 3 2 1 Pizza & Beer

What do you hope to accomplish with CrossFit?

What are you most excited about?

What are you most afraid of?

What else would you like us to know about you?

I certify that the above statements are true and correct to my knowledge. I understand that information may be required from my treating physician. If information from my treating physician is requested, then I cannot proceed with exercise activities and programs at CrossFit Recursive until sufficient information demonstrating that I can safely engage in the exercise programs and activities is provided.

Client Signature: _____

Client Name (Printed): _____

Date: _____

May we add you to our email, Facebook fan page, and/or mailing list? (YES / NO)

How did you hear about us? _____

Office use:

Receiving Coach (name & date) _____

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NOTICE REGARDING RHABDOMYOLYSIS

Rhabdomyolysis (hereinafter referred to as “Rhabdo”) can occur when an individual’s physical activity is so intense that muscular cells begin to breakdown and the contents or remaining materials enter the bloodstream. Rhabdo may be caused by many other systemic or environmental causes. However, exertion based Rhabdo can occur in athletes of all levels of fitness, resulting in muscle cell destruction. The skeletal muscle breakdown impairs kidney function as those organs are unable to handle increased enzymes that are released into the bloodstream. This induces severe physiological changes in the body. The symptoms of Rhabdo include muscle pain, stiffness and extreme weakness, darkening of the urine, decreased urine output, altered mental status, swelling of the body part involved, either with or without pain.

- a.** I acknowledge and understand that all individuals engaged in demanding workouts are potentially exposing themselves to Rhabdo or other injuries or negative physical results. I appreciate the necessity that I be aware of the symptoms of this condition.

- b.** I understand that generally the pain referred to as Rhabdo symptoms is pain out of proportion to the amount of soreness that one may generally expect, often producing pain much quicker than one may expect after a workout. I agree to monitor myself in a manner that is proportionate to the potential injury that can be occasioned by this condition.

- c.** I understand that any concerns on my part that I am experiencing any of the symptoms of Rhabdo require immediate presentation to a hospital for emergency treatment. I acknowledge and understand that I am the only individual capable of determining if I am experiencing Rhabdo symptoms. I understand that no third party will be capable of monitoring my urine output or color, and it is my responsibility to be continually cognizant of this symptom and all other symptoms and to monitor them in my own body at all times. I will remove myself from participation and seek medical treatment of my own accord should I have any concerns regarding possible symptoms of Rhabdo. I consent to treatment if it is provided to me.

With the opportunity to fully inform myself about Rhabdo and the risks thereof, I knowingly and freely assume and accept all such risks both known and unknown. I assume full responsibility and all risks from my participation in any physical activity.

Client Signature: _____

Client Name (Printed): _____

Date: _____

Office use:

Receiving Coach (name & date): _____

CROSSFIT RECURSIVE

WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDEMNIFICATION AGREEMENT

This Waiver of Liability, Release of Claims and Indemnification Agreement is a binding agreement between _____ (insert Client Name) and Recursive Strength and Conditioning, Inc., also doing business as CrossFit Recursive (collectively, "CrossFit Recursive"). I agree and acknowledge as follows:

1. **ACKNOWLEDGEMENT OF RISK.** CrossFit Recursive provides valuable services and the use of physical fitness and recreational facilities which are valuable to me and of which I desire to obtain and use through CrossFit Recursive. I am aware of the inherent risks of serious injury or illness, including, sprains, strains, broken bones, tears, heart palpitations, Rhabdomyolysis, and in rare cases, paralysis or death that may result from physical training, participating in a training program, or my presence or use of the training facilities, including at parks, recreational areas, playgrounds, areas adjacent to CrossFit Recursive facilities and any other areas selected for training by CrossFit Recursive. These risks include, but are not limited to, those caused by over exertion, incorrect form or technique, misuse or malfunction of equipment, slips, falls, and other negligent actions of myself, training partners, or of staff, other members or guests. I willingly assume this risk. I accept full responsibility for the risks that I am exposing myself to and I accept full responsibility for any injury, illness or death that may result while present at or from participation in any activity, exercise, training or class at or under the direction of CrossFit Recursive. With this knowledge, I am willingly and voluntarily participating in physical training, being present at a training facility or alternative location, and participating in a training program. I have reviewed the Notice Regarding Rhabdomyolysis provided to me by CrossFit Recursive.

_____ **Initial**

2. **WAIVER OF LIABILITY AND RELEASE OF CLAIMS.** I fully and forever release, acquit, and discharge CrossFit Recursive and its employees, owners, agents, representatives, successors and assigns (collectively the "Released Parties") from any and all liability, losses or damages sustained by me or which may be sustained by me in the future as a result of any act, omission, representation, misrepresentation, violation of code or statute, breach of contract, negligence or breach of any duty or obligation of any nature whatsoever by me, by the Released Parties, or any other person, whether in law or in equity, whether sounding in tort, Wisconsin's Safe Place statute (Wis. Stat. sec. 101.11), in contract or otherwise, or arising out of or in any way connected with my participation in, my presence at or my use of CrossFit Recursive's training programs, equipment or facilities, or arising out of any injuries. I assume full responsibility for any risks whether caused by the negligence of the Released Parties or by others. I do not release claims based on reckless or intentional acts, and I do not release claim based on the acts by others who are not Released Parties.

_____ **Initial**

3. **INDEMNIFICATION.** I agree to indemnify and hold harmless the Released Parties from any and all liability, losses or damages, including claims for reimbursement, repayment of subrogation of amounts paid on my behalf by third parties relating to any injury or losses I may suffer and have released under paragraph 2 above. I also agree to indemnify and hold harmless the Released Parties from any damage to property or injury, illness or death that I may cause to myself or others. I understand my obligations also include paying or reimbursing the Released Parties for all costs the Released Parties incur in defending or resolving such claims, including attorneys' fees, whether such claims are made by me or someone on my behalf and regardless of the outcome of the claims. I accept full financial responsibility to indemnify the Released Parties, and I accept full financial responsibility for any damage to property or injury, illness or death that I may cause to myself or others.

_____ **Initial**

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WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDEMNIFICATION AGREEMENT

4. **IMAGE, PHOTOGRAPHY AND VIDEO RELEASE**. I understand I may be and I consent to be photographed or recorded by CrossFit Recursive before, during or after training in non-private areas. I consent to the use of these images, photographs and recordings without compensation to me by CrossFit Recursive for use in advertising, marketing or other use or publication.

_____ **Initial**

With knowledge of the risks involved and the rights that I give up, I freely sign this binding Agreement and waive the rights I might otherwise have to bring a claim against the Released Parties and with full knowledge of my responsibility of indemnification of the Released Parties. I have considered that if this Waiver of Liability, Release of Claims, and Indemnification Agreement did not provide the protections it gives to the Released Parties, then the costs for engaging in this activity for me would be substantially higher. I have considered whether to pay substantially higher costs rather than negotiating different terms than in this Agreement. I do not want to pay those substantially higher costs or negotiate other terms to this Agreement. I waive my right to negotiate for different terms of this Agreement, and I accept the terms of this Agreement.

Client Signature: _____

Client Name (Printed): _____

Date: _____

Office use:

Receiving Coach (name & date): _____