

# CrossFit 431

www.crossfit431.com  
729 Wall Street  
Winnipeg, Manitoba  
R3G2T8

## CrossFit 431 Waiver and Release Form

*Please Print or Type*

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Mailing Address:

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Gender: M / F

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

### **Personal Training/Group Fitness/CrossFit Program Policies**

- Each participant must sign a waiver and complete a health history questionnaire to be kept on file and will be confidential between the personal trainer/instructor and the client.
- Clients/Members must make personal training appointments with at least 48 hours in advance, and reserve their spot for class at least 1 hour in advance.
- CrossFit 431 must be notified 24 hours in advance for any personal training cancellations; if notification is not at least 24 hours in advance or the session is missed

the participant may be charged for the session. As well, you have 1 hour prior to class time to cancel any class reservations.

- Participants at least 15min late to a personal training session without notification may be charged for a full training session or lose the entire session.
- Participants are to meet the personal trainer/instructor at the agreed upon training venue at the scheduled appointment time unless an alternate meeting place has been agreed upon between client and personal trainer/instructor.

### **Assumption of Risk for Participation in the Personal Training/Group Fitness Program**

Each participant in the Personal Training/Group Fitness Program should realize there are substantial risks, hazards, and danger inherent in such training. Each participant in Personal Training/Group Session should be covered by an accident and health insurance policy. It is the responsibility of each participant to participate only in those activities for which he/she feels no pain nor large amounts of discomfort and let the Personal Trainer/Instructor know if severe pain or discomfort is to apply (as determined and instructed by the Personal Trainer/Instructor). If your Personal Trainer/Instructor is away or on holidays, each participant will be appointed with a suitable Personal Trainer/Instructor as a temporary replacement. CrossFit 431 does not warrant or guarantee in any respect the physical condition or any equipment used in connection with the activity. Therefore, in consideration of the benefits received from the Personal Training/Group Fitness Programs, the undersigned assumes all risks of damages or injury, including death, that may be sustained by him/her while participating in an exercise activity or in travel to or from such activity.

### **Release, Covenant Not to Sue, and Waiver**

Personal Training/Group Session involves an inherent risk of physical injury and the undersigned assumes all such risks. The undersigned hereby agrees that for the sole consideration of CrossFit 431 allowing the undersigned to participate in the Personal Training/Group Fitness Program for which or in connection with which CrossFit 431 has made available any equipment, facilities, grounds, or personnel for such training, the undersigned does hereby release, covenant not to sue, and forever discharge CrossFit 431 and his officers, agents, and employees of any and for all claims, demands, rights, causes of action of whatever kind or nature including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in any way connected with such recreational programs and activities. The undersigned understands that this Release, Covenant Not to Sue, Waiver, and Assumption of Risk shall be effective from the date of signature until the effective termination of the personal training/group session services by CrossFit 431. By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above.

### **RELEASE FROM LIABILITY AND ASSUMPTION OF RISK (ADULT)**

#### **PLEASE READ CAREFULLY, COMPLETE, AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I, \_\_\_\_\_, have applied to CrossFit 431 CrossFit based exercise training program (the "Program") at CrossFit 431's facility located at 729 Wall Street, Winnipeg, Manitoba.

\_\_\_\_\_ I hereby acknowledge that I should consult with my physician before beginning any exercise program.

\_\_\_\_ I certify that I am not aware of any medical condition which would render me unfit to participate in any exercise program and that I will inform CrossFit 431 immediately of any change in my medical condition.

\_\_\_\_ I agree that if I experience symptoms such as shortness of breath, chest pain, unusual fatigue, dizziness or fainting, or extreme pain, whether or not I am under the direct supervision of my trainer, I will immediately stop exercising and inform a representative of CrossFit 431 of my symptoms.

\_\_\_\_ I authorize any representative of CrossFit 431 to obtain emergency medical treatment for me, including transportation to a hospital or other medical facility.

\_\_\_\_ I UNDERSTAND AND ACKNOWLEDGE THAT THERE ARE RISKS INHERENT IN ANY EXERCISE PROGRAM INCLUDING BUT NOT LIMITED TO HEART ATTACK, STROKE, ORTHOPEDIC INJURY, INJURIES CAUSED BY THE USE OF EXERCISE EQUIPMENT AND OTHERS. THESE INJURIES CAN OCCUR SUDDENLY AND WITHOUT WARNING, AND MAY RESULT IN DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS TRAINING PROGRAM WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS ABOVE.

\_\_\_\_ FOR AND IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THE PROGRAM, I, FOR MYSELF AND FOR MY HEIRS, BENEFICIARIES, AND PERSONAL REPRESENTATIVES, HEREBY RELEASE AND FOREVER DISCHARGE CROSSFIT 431 AND ITS DIRECTORS, OFFICERS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS, ATTORNEYS, INSURERS, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, "CROSSFIT 431 PARTIES"), FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, LIABILITIES, RIGHTS, ACTIONS, CAUSES OF ACTION, EXPENSES, AND SUITS OF ANY KIND WHATSOEVER, FORESEEN OR UNFORESEEN, FOR PERSONAL INJURY, WRONGFUL DEATH, DAMAGE TO PROPERTY, OR OTHERWISE RESULTING FROM MY PARTICIPATION IN THE PROGRAM AND/OR THE ACTS OF OMISSIONS OF ANY OF CROSSFIT 431 PARTIES, INCLUDING ANY AND ALL NEGLIGENT ACTS, WHETHER ACTIVE OR PASSIVE, IRRESPECTIVE OF WHETHER SUCH INJURIES, DEATH, OR DAMAGES OCCURE DURING TRAINING OR THEREAFTER.

\_\_\_\_ I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AT LEAST 18 YEARS OF AGE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CROSSFIT 431 AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

Executed on \_\_\_\_\_, \_\_\_\_\_ at CrossFit 431, 729 Wall St., Winnipeg, Manitoba.

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

Name (Print): \_\_\_\_\_

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

*Signature of Parent/Guardian – Two signatures required if participant is 17 years old or younger:*

Name: \_\_\_\_\_

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

Date \_\_\_\_\_

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

**If  
you  
answered**

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.

- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**