



Cnr Basset St & River Road
 Email: hfsnw17@gmail.com
 Phone: 021 0854 5252

PRE ACTIVITY QUESTIONNAIRE

HFS Northern Wairoa Ltd recommends that you clear your participation in any exercise program with your medical practitioner.

NAME: _____

EMAIL: _____ D.O.B: _____

MOBILE PHONE: _____ HOME PHONE: _____

ADDRESS: _____ POST CODE _____

HOW DID YOU FIND HFS: REFERRAL INTERNET
 SOCIAL MEDIA NEWSPAPER/RADIO

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO CONTACT: _____

EMERGENCY CONTACT NUMBER: _____

Are you happy for photos and/or videos of you to be used for advertising or on social media? Yes / No

Current level of physical activity? Low / Medium / High

Do you have any goals in joining HFSNW? Yes / No

If Yes, what are they? _____

MEDICAL HISTORY

Have you experienced any of the following? (Please tick any that apply)

Heart Condition, pain or tightness in Chest		Rheumatic Fever	
Arthritis		Heart Palpitations	
Muscular Pain or Fever		Asthma	
Infection or Infectious Disease		Hernia	
Diabetes		Liver / Kidney Condition	
Back Pain		Epilepsy	
High / Low Blood Pressure		Chronic Cough	
Regular Headaches		Recent hospital stays	
High Cholesterol		Cancer	
Female >45 with no previous exercise		Male >45 with no previous exercise	
Thyroid Condition		Major Operations	
Major Injuries		Are you pregnant?	
Any condition that can limit you		AIDS (length of treatment)	

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 (please state which side and approximate date of injury)

Are you taking any prescription medications?

Yes / No

If yes please provide details including side effects and duration of course:

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

Signature: _____ **Date:** _____

Please tick Membership option

MEMBERSHIP TYPE

UNLIMITED PENSION STUDENT

PASSES

2 WEEK 3 WEEK

10 PASS CONCESSION (3 MONTH EXPIRY)

ADULT STUDENTS

LUNCH CONCESSIONS

5 PASS 10 PASS



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WARNING “RHABDO”

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". 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 can cause Rhabdomyolysis. It is important that you start at a reduced intensity. Brown urine, complete muscle weakness and / or swelling of joints are warning signs of 'Rhabdo'. If you develop these symptoms, seek medical attention.

WAVIER AND RELEASE OF LIABILITY

Healthier Fitter Stronger Northern Wairoa (trading as “HFS Northern Wairoa”)

In consideration of Healthier Fitter Stronger Northern Wairoa allowing me to participate, I acknowledge, understand and I am aware that:

I have voluntarily chosen to participate in training activities provided by Healthier Fitter Stronger Northern Wairoa, trading as “HFS Northern Wairoa”. I hereby waive, release and forever discharge HFS Northern Wairoa from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the abovementioned activities to the maximum extent permissible by New Zealand law. I understand there are inherent risks in all aspects of physical training and I acknowledge that I have been informed of possible strenuous nature of the training and the potential for undesirable physiological results including, but not limited to, I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even 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 risk 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 HFS Northern Wairoa and the staff of the facilities I train with, 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 Healthier Fitter Stronger Northern Wairoa and its directors ,officers ,employees, agents, volunteers' and independent contractors (all of whom re 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 HFS Northern Wairoa, due to any cause whatsoever including negligence, breach of contract, of 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 releases HFS Northern Wairoa encourages all participants to take out Private Health, Life and Income Protection Insurance according to their own individual needs and circumstances. It is an Individual's responsibility to ensure that he/she has adequate Insurance cover for his/her needs.

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/staff connected with Healthier Fitter Stronger Northern Wairoa 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 wellbeing of the child.

Initials: _____

Use of picture(s)/film/likeness: I agree to allow HFS Northern Wairoa, its 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 the said purpose, I agree that I must inform HFS Northern Wairoa 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

Name: _____ Signature: _____

Date: _____

If the participant is under the age of 18

Participants Name: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____

Mobile Number: _____