



Custom Fitness

HEALTH · WELLNESS · PERFORMANCE · REHABILITATION

Physical Activity Readiness Questionnaire & Waiver

Name: _____ DOB: _____ Contact #: _____

This form is intended to give us an idea of your current and past levels of health and fitness. It is important that you inform us of any major past, present injuries or surgeries or health conditions, anything else that would be pertinent for us to know.

Past Major Injuries or Surgeries: _____

PRESENT Injuries/Concerns: _____

Please list any other illnesses or conditions: _____

Yes No

- Do you have a heart condition?
- Do you feel pain in your chest when you engage in physical activity?
- Do you feel pain in your chest when not active (when at rest)?
- Are you taking medication for blood pressure or a heart condition?
- Do you lose your balance because of dizziness?
- Do you ever lose consciousness?
- Do you have a history of seizures?
- Do you have any bone or joint problems that could be made worse with physical activity?
- Are you currently taking any medications (Over-the-counter or prescribed)?
- (For females) Are you pregnant?

On a scale of 1-10, how active are you? _____

What physical activities, exercises, sports, and/or recreational activities do you participate in and how often?

Is there any reason you should not do physical activity? _____

Is there anything else about your health you would like us to know?

Please let us know about any goals you may have, areas you would like to improve upon, etc.

I have answered the questions above to the best of my ability and knowledge. INITIALS _____



As a condition to, and in consideration of, my participation and use of the fitness services and facilities at Custom Fitness and/or CrossFit Gof Metgot (“the Facility”), I have agreed to execute this Informed Consent Agreement and Waiver of Liability (“Release”) for the benefit of Custom Fitness LLC (“Owner”) and each of Owner’s respective successors and assigns, and officers, directors, shareholders, partners, employees, and agents (collectively “Owner Parties”). I hereby certify, covenant and agree as follows:

I understand and I have been informed that my voluntary participation in fitness programs and special events including, but not limited to, the use of weights, number of repetitions and use of any and all equipment, all apparatus designed for exercising and the associated facilities shall be the participant’s sole responsibility during all times of fitness training participation and use. I also understand and have been informed that participation in any of the events noted above does pose the risk of serious injury or other adverse health consequences, including death. I agree to self-limit my exertion through good judgment and to terminate any physical activity immediately, if it exceeds my personal limitations, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician. I hereby consent to, and permit emergency medical treatment in the event of any injury or illness.

INITIALS _____

I understand it is my responsibility to seek and to continue to receive medical evaluations from my personal physician to determine if there are any medical conditions or injuries that could limit my participation in fitness or health promotion activities. I agree to notify the staff of changes in health status, physical injuries, pregnancy, hospitalizations, surgery or additional physical and medical limitations, or additions/changes in medication recommended by my physician that may affect my participation in fitness or health promotion activities. I understand that for any new medical conditions or injuries noted above, written consent from my personal physician may be required prior to resuming activities. I understand my activities may be modified.

INITIALS _____

I understand that my use of the Facility, including any equipment and/or the facilities located therein, presents the risk of physical injury or death, and/or of loss of or damage to my personal property. I ASSUME THIS RISK AND AGREE THAT MY USE THE EXERCISE FACILITY SHALL, AT ALL TIMES, BE AT MY OWN RISK. I, ON BEHALF OF MYSELF, MY HEIRS AND PERSONAL REPRESENTATIVES, HEREBY KNOWINGLY AND VOLUNTARILY AGREE TO WAIVE AND RELEASE OWNER AND ALL OWNER PARTIES FROM ANY LIABILITY, LOSS, COST, DAMAGE, EXPENSE, CLAIM OR SUIT WHATSOEVER (COLLECTIVELY, “CLAIMS”) FOR ANY AND ALL INJURY, LOSS, ILLNESS, HARM, COST, EXPENSE, CLAIM, SUIT, OR DAMAGE RESULTING FROM OR RELATED TO MY USE OF THE FACILITY OR THE EQUIPMENT AND FACILITIES LOCATED THEREIN. I SPECIFICALLY UNDERSTAND THAT I AM WAIVING AND RELEASING ANY CLAIMS I MAY HAVE PRESENTLY OR IN THE FUTURE FOR THE NEGLIGENT ACTS OR OTHER CONDUCT BY OWNER OR ANY OWNER PARTIES. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS OWNER AND ALL OWNER PARTIES FROM AND AGAINST ANY AND ALL THIRD PARTY CLAIMS ARISING AS RESULT OF MY USE OF THE FACILITY.

INITIALS _____

If any portion of this Release shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Release shall remain in full force and effect and the invalid portion shall be enforceable to the extent permitted by law. Should any dispute arise between me and the Facility, Owner, or Owner Parties, I specifically agree that the dispute shall be resolved in binding arbitration and judgment on the arbitration award may be entered in any court of competent jurisdiction. I understand this is an important legal document. I affirm that I am of legal age, am freely signing this agreement, and that no oral representations statements or inducements apart from this written agreement have been made. Subject to these conditions, I affirm that I have read, understand and agree to the terms set forth above and I wish to participate in fitness and/ or health promotion programs, exercise activities and special events.

Name: _____ DOB: _____ Contact #: _____

Signature: _____ Date: _____