



Physical Activity Readiness Questionnaire / Waiver (Please Print)

Participant's Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Contact number: _____

Email: _____ How did you hear about us? _____

Physical Activity Readiness Questionnaire

1. Approximately how many minutes per day is your child engaged in physical activity? _____
2. Has a doctor ever said that your child has a heart condition and that he/she should only do physical activity recommended by a doctor? **YES / NO** If YES, Explain:
3. Does your child have a bone or joint problem (for example, neck, shoulder, back, knee or hip) that could be made worse by a change in physical activity? **YES / NO** If YES, Explain:
4. Does your child lose his/her balance because of dizziness or ever lose consciousness? **YES / NO** If YES, Explain:
5. Does your child take any prescription medications or use a rescue inhaler? **YES / NO** If YES, Explain:
6. Has your child ever experienced head trauma or other serious injury? **YES / NO** If YES, Explain:
7. Do you know of any reason why you child should not do physical activity? **YES / NO** If YES, Explain:

Informed Consent / Assumption of Risk:

I, _____, guardian of _____, am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include, but not limited to: abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout. While this type of injury is relatively rare, it can occur due to a number of factors, including (but not limited to) genetic predisposition or dehydration, that may be beyond the control of my child's coach. I understand that the programs and classes offered by Kitsap CrossFit are of a nature and kind that are extremely strenuous and can/may push my child to the limits of his/her physical abilities. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of my child, my child's training partner, or other people around my child, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to my child and/or my child's partner(s).

x _____

(OVER)

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I willingly assume full responsibility for any and all risks that I am exposing my child to as a result of my child's participation in Kitsap CrossFit programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my child's risk of illness and injury as a result of participation in a fitness program designed by Kitsap CrossFit. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Kitsap CrossFit programs/classes.

By signing this document, I acknowledge that I have voluntarily chosen to have my child participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, rhabdomyolosis, fainting, heart attack, falls or death. By signing this document, I assume all risk for my child's health and well-being and hold Kitsap CrossFit, as well as its owners, employees, and other authorized agents including independent contractors, harmless therefrom. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

Waiver and Release: I fully understand that my child's personal exercise program may be strenuous and I choose to have him/her participate voluntarily. I accept all responsibility for my child's health and any results, injury or mishaps that may affect my child's well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release Kitsap CrossFit (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that my child may have for injuries or other damages, arising out of participation in Kitsap CrossFit activities, including, but not limited to the personal training / nutritional programs and programs/classes.

Photo/Video Release: I hereby grant Kitsap CrossFit permission to use my child's photograph/video image in any and all publications for CrossFit or Kitsap CrossFit, including web site entries, without payment or any other consideration in perpetuity. I hereby authorize Kitsap CrossFit to edit, alter, copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's photo appears. I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Kitsap CrossFit from all claims, demands, and causes of action which I, my child, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, on behalf of my child, on behalf of my estate which may have or may have by reason of this authorization.

Indemnification: I recognize that there is risk involved in the types of activities offered by Kitsap CrossFit. Therefore I hereby accept full responsibility for any and all damage, injury, paralysis, or death arising out of my child's participation in Kitsap CrossFit activities, programs, or classes. I hereby agree that neither I, my family, heirs, successors, assigns, or anyone claiming any interest through me or my child, will bring any legal action whatsoever against Kitsap CrossFit, their principals, agents, employees, contractors, or volunteers as a result of any such damage, injury paralysis, loss, or death to my child or any other person that arises out of my child's participation in Kitsap CrossFit activities, programs, or classes. I hereby agree to hold harmless and indemnify Kitsap CrossFit, their principals, agents, employees, contractors, or volunteers for any and all claims, including attorneys' fees and costs, which may be brought against Kitsap CrossFit, their principals, agents, employees, contractors, or volunteers by anyone claiming to have been injured as a result of any injury, including death, to my child or my property which may occur as a result of my participation in Kitsap CrossFit activities, programs, or classes.

I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person or damage to property caused by me. I understand that by signing this form I am waiving valuable legal rights.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly, voluntarily, and of my own free will.

Participant's Signature

Participant's Name (printed)

Date

If the participant is under the age of 18:

Parent/guardian Signature

Parent/guardian name (printed)

Date