



**SOLID IMPACT FITNESS
PRE-EXERCISE
DECLARATION**



Participants Name: _____

Date of Birth: _____ **Phone:** _____

Address: _____

Email: _____

Any major illnesses or disabilities? _____

Are you presently exercising? _____

Have you been hospitalized recently? _____

Do you suffer from any of the following? PLEASE

<input type="checkbox"/>

- Heart Disease
- Heart Condition
- Back Pain
- Spinal Injuries
- Arthritis
- Tightness in Chest
- Liver/Kidney Condition
- Infections

<input type="checkbox"/>

- Chronic Cough
- Are you Pregnant
- Bladder Weakness
- Asthma
- Diabetes
- Epilepsy
- Hernia
- Heart Palpitations

<input type="checkbox"/>

- Hi/Lo Blood Pressure
- Rheumatic Fever
- Regular Headaches
- Muscular Pain/Cramps
- High Cholesterol
- Allergies to Grass
- Joint Pain
- Knee/Joint History

Are there any conditions that may limit your physical activity? _____

Undersigned participant's declaration

I declare that the information given in this form is true and complete to the best of my knowledge.

I understand that all participant's take part at their own risk and must accept personal liability for any injury, illness or loss.

I declare that I consider myself to be in good health and fit to participate in all services and programs provided by Solid Impact Fitness.

Participants Name

Participants Signature

Date of Signing

Release of Liability, Waiver of Claims, Assumption of Risk

You are advised that athletic activity and training are DANGEROUS RECREATIONAL ACTIVITIES with OBVIOUS RISKS as defined by the Civil Liability Amendment (Personal Responsibility) Act. YOU ARE PARTICIPATING AT YOUR OWN RISK.

Definitions

In this agreement;

- a) The term "ATHLETIC ACTIVITY" OR ATHLECTIC ACTIVITIES" OR TRAINING" includes but is not limited to personal training, fitness classes, team or individual competitions, fitness assessments, use of facilities, observation of athletic activities, power lifting, strongman training, strength conditioning, metabolic conditioning, plyometric movement, interval training, all weights and gym equipment, bodyweight conditioning, rope, stretching, outdoor running and training in parks and beaches, recreational areas, playgrounds, car parks, trail and sidewalks, sports programs, clinics, seminars, and services provided to the participant by Solid Impact Fitness.
- b) The term "INJURY" shall refer to all forms of physical, mental, and emotional injury in any way related to athletic activity and training activity including, but not limited to: death, breaks, strains, lacerations, dislocations, exercise induced rhabdomyolysis, heart failure, concussion, heat illness/stroke, dehydration, trauma, anxiety and fear.

Waiver and Release of Liability

Express assumption of risk:

I, the undersigned, am aware that there are significant risk involved in all aspects of athletic activities and physical training. These risks include, but are not limited to: falls which can result in serious injury or death: injury use or failure of equipment: strains and sprains. I am aware that any of the above mentioned risks may result in serious injury or death to myself and or my partner/s. I understand that the training may involve weightlifting, strenuous bodyweight exercises and other high exertion activities and that I am not obligated to perform or 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 session.

I understand that should I feel light-headed, faint, dizzy, nauseated or experience pain or discomfort, I am to stop the activity and inform my trainer. I willingly assume full responsibility for the risks that I am exposing myself to and except full responsibility for any injury or death that may result from participation in ant activity or class while at, or under direction of Solid Impact Fitness. I am aware that this agreement is ongoing and will apply to all future occasions I participant in athletic activities and training at Solid Impact Fitness.

I acknowledge that I have no physical impairments, injuries or illness, that will endanger me or others. **Initial** _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willing and voluntarily participating in the activities or training offered by Solid Impact Fitness, I the undersigned hereby release Solid Impact Fitness their principals, agents, employees, trainers and volunteers from all liability, claims, demand, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly successors, representatives, heirs, executors, assigns or transferees. If any portion of the agreement is held invalid, I agree that the remainder of the agreement shall remain in force and effect.

I give permission for Solid Impact Fitness, staff and trainers to seek **Emergency Medical Services for me**, should I become injured or ill, with the understanding that I am responsible for any expense incurred. **Initial** _____

Indemnification: The participant recognises that there is risk involved in the types of activities offered by Solid Impact Fitness. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/herself negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and cost to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Solid Impact fitness, their principals, agents, employees, trainers, and volunteers from liability for the injury or death of any person/s and damages to property that way result from my negligent or intentional act or omission while participating in activities offered by Solid Impact Fitness, this includes but is not limited to parks, recreational areas, playgrounds and /or any area selected for training by Solid Impact Fitness.

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

Signature of participant: _____ **Date:** _____

Reviewed by (print): DARRELL JAMES WOOD

Signature: _____ **Date:** _____