



FITNESS QUESTIONNAIRE

FIRST NAME:	SURNAME:	
PHONE:	DATE OF BIRTH:	GENDER:
ADDRESS:		
EMAIL:	OCCUPATION:	
EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE:	

PRE-EXERCISE SCREENING QUESTIONS

Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
Do you feel faint or have spells of dizziness during physical activity/exercise?	Yes	No
Have you had an asthma attack requiring medical attention at any time over the last 12 months?	Yes	No
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of these questions, it is recommended that you receive clearance from your GP or appropriate health professional prior to undertaking physical activity/exercise.

MEDICAL HISTORY

Do you have, or have you had, any of the following? *Tick all that apply.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart problems/disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Family history of heart disease/stroke |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other Conditions | |

Provide details:

Do you have, or have you had, any joint problems, pain or injuries in any of the following? *Tick all that apply.*

- | | | | |
|--|--------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Elbows | <input type="checkbox"/> Wrists |
| <input type="checkbox"/> Lower back | <input type="checkbox"/> Hips/pelvis | <input type="checkbox"/> Knees | <input type="checkbox"/> Ankles/feet |
| <input type="checkbox"/> Muscular pain | <input type="checkbox"/> Other | | |

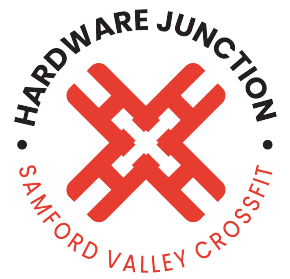
Provide details:

Are you pregnant, or have you given birth in the last 12 months	Yes	No
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Provide details:

Are there any other conditions which may be reason to modify your exercise program?	Yes	No
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Provide details:



QUESTIONNAIRE

What specific goals would you like to achieve at Hardware Junction?

How can the instructors help you individually? *(What specific questions do you have?)*

Do you have any physical limitations preventing you in anyway?

What current physical activity are you participating in?

Is there anything else you would like the instructor to know about you?

(The more detail you can provide the more beneficial it is to the instructor and you)

WARNING.....SAFETY FIRST

High intensity exercise must be approached cautiously in the beginning, a gradual ramp up of intensity is necessary to allow muscle cells to adapt to the new demands being placed on them. Failure to do so, opens the door to life threatening conditions, know 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 and boxing 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 assistance IMMEDIATELY.

WAIVER AND RELEASE OF LIABILITY

WHOLISTIC HEALTH INDUSTRIES PTY LTD

TRADING AS HARDWARE JUNCTION AND SAMFORD VALLEY CROSSFIT®

UNIT ONE, 48 MAIN STREET, SAMFORD VALLEY, QLD, 4520



In consideration of Wholistic Health Industries Pty Ltd allowing me to participate in activities, I acknowledge/understand that:

I have voluntarily chosen to participate in training activities provided by Wholistic Health Industries Pty Ltd, trading as Hardware Junction and Samford Valley CrossFit®. I understand there are inherent risks in all aspects of physical training and I acknowledge that I have been informed of the possible strenuous nature of the training and the potential for undesirable physical, mental and emotional injuries, including, but not limited to: abnormal blood pressure, muscle soreness, fainting, heart failure and/or death, breaks, strains, lacerations, bruising, dislocations, exercise induced rhabdomyolysis, concussion, heat illness, dehydration, trauma, anxiety, and fears. I also acknowledge that I have been specifically warned about the medical condition "**Rhabdomyolysis**" and accordingly I have been advised to start at a reduced intensity and limit my effort in order to minimise the risks associated with this condition. Brown urine, complete muscle weakness and/or swelling of joints are warning signs of Rhabdomyolysis. If you develop these symptoms, seek medical assistance IMMEDIATELY.

I understand that training may involve weightlifting, gymnastic movements, strenuous bodyweight exercises and other high exertion activities including, but not limited to: group fitness classes, personal training, open gym, team or individual competitions, fitness assessments, Olympic lifting, power lifting, strongman training or competitions, gymnastics, strength conditioning, metabolic conditioning, plyometrics, interval training, bodyweight conditioning, rope climbing, stretching, outdoor running on sidewalks or trails, indoor sports, clinics, seminars, and other services provided to you by Wholistic Health Industries Pty Ltd, including social events held on the premises or at external locations. 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 participation at any time during my training sessions. 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 give Wholistic Health Industries Pty Ltd and the staff of the facility 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.

I agree to **WAIVER ANY AND ALL CLAIMS** that I have or may have in the future against Wholistic Health Industries Pty Ltd, and its owners, directors, officers, employees, agents, volunteers, and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees"). I agree to **INDEMNIFY AND RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expenses suffered as a result of my participation in the programs, activities and services provided by Wholistic Health Industries Pty Ltd, due to any cause whatsoever including negligence, breach of contract, or 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 releasees.

This agreement shall be binding upon successors, my representatives, heirs, executors, assignees, transferees, or me. 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 connected with Wholistic Health Industries Pty Ltd 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.

Use of picture (s)/film/likeness : I agree to allow Wholistic Health Industries Pty Ltd, 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 said purpose, I agree that I must inform Wholistic Health Industries Pty Ltd of this in writing.

I CONFIRM THAT I AM OVER THE FULL AGE OF EIGHTEEN (18) YEARS AND I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT. I AM AWARE THAT BY SIGNING THIS WAIVER / INFORMED CONSENT FORM THAT I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

Signature of Participant:

(Parent to sign for children under 18)

Name:

Date:

Signature of Gym Representative:

Date:

Gym Representative Name:

TERMS AND CONDITIONS

WHOLISTIC HEALTH INDUSTRIES PTY LTD

TRADING AS HARDWARE JUNCTION AND SAMFORD VALLEY CROSSFIT®

TO BE SIGNED PRIOR TO COMMENCEMENT OF TRIAL



Should I proceed with an **ongoing membership** with Wholistic Health Industries Pty Ltd (Hardware Junction) after my trial period:

- I agree that my membership is an ongoing fortnightly agreement, with payments automatically debited fortnightly in advance by Stripe from my nominated account.
- I agree that if I do not provide written notice of suspension or cancellation to Hardware Junction, that I am giving Hardware Junction consent to continue my membership on a fortnightly basis until such notice is received.
- Notice of such suspension or cancellation may be given by emailing admin@hardwarejunction.com.au or by completing a Suspension/Cancellation Form.

Should I opt to purchase **10 class passes or casual visits** at Hardware Junction after my trial period:

- I agree that payments will be debited by Stripe from my nominated bank account, as per my instructions to purchase.

General Conditions:

- All membership prices are subject to change, with written notice by email.
- All membership payments are processed using Stripe as per their Direct Debit Service Agreement. I understand that there are additional transaction fees imposed by Stripe, and it is my responsibility to ensure that sufficient funds are available for membership payments to be debited from my account, or an additional dishonour fee will apply.
- I agree that Hardware Junction is not responsible for me to check my home mail, email or my bank statements. This is solely my responsibility and I will accept this as the case.
- I agree that if any other family members terminate their membership that I am connected to, I will take on the full rate of membership that will replace the discounted family membership if applicable.
- I understand that my account will be handed over to a nominated debt collector if I fail to fulfill any of the above payment obligations, which I have agreed to.
- I agree that I have disclosed to Hardware Junction all relevant medical information, including details of any current or previous injuries, surgeries, medications or health conditions that may impact upon my ability to train at the facility.
- I agree that any information provided in the Fitbox app, emailed, hand delivered or provided to me in any form will not be shared or distributed. This information may include programming, workout and timetable information, nutritional guidelines, membership terms, information packs or any other information handouts that I receive from Hardware Junction.
- Your information is also privacy protected. We will not disclose or sell your information, unless required by Law.
- I agree that my current health situation is not the responsibility of Hardware Junction and I will not hold them accountable if I fall ill, become injured or my health suffers at any stage during my membership. I accept all the terms, based on my own health status; past, present and future.

I CONFIRM THAT I AM OVER THE FULL AGE OF EIGHTEEN (18) YEARS AND I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT ELECTRONICALLY IN FITBOX. I AM AWARE THAT BY SIGNING THIS ONLINE WAIVER / INFORMED CONSENT FORM THAT I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

Signature of Participant:

(Parent to sign for children under 18)

Name:

Date: