

HEALTH QUESTIONNAIRE

BERKELEY CROSSFIT
(T2-PT, Inc.)

Name				
Address				
City	State	Zip		
Home Phone	Cell Phone			
Email	DOB			
Emergency Contact 1				
Relationship	Phone			
Emergency Contact 2				
Relationship	Phone			

Please complete this form as accurately and completely as possible. All information will be kept strictly confidential.

	Yes	No
Have you seen a physician in the last year? Please indicate date (month/year) in the notes section below.		
Has your physician ever told you that you have a heart condition?		
Do you experience pain in your chest when you are physically active?		
Have you had chest pain when not doing physical activity?		
Do you lose balance due to dizziness or do you ever lose consciousness?		
Have you ever experienced a stroke?		
Have you ever experienced a seizure?		
Has anyone in your family suffered from sudden cardiac arrest before the age of 45?		
Do you have any thyroid conditions?		
Do you have high blood pressure?		
Do you have diabetes?		
Do you have low blood sugar levels (hypoglycemia)?		
Do you have asthma or any other respiratory condition that causes difficulty with breathing?		
Do you have any bone or joint conditions that would restrict you from beginning physical activity?		
Have you experienced any back pain or discomfort that has kept you from normal daily activities within the past 6 months?		
Have you had any surgeries?		
Are you currently taking any medications, prescription or non-prescription, that may impair your ability to safely perform physical activity?		
Do you currently smoke?		
Are you pregnant or have given birth within the last 6 months?		
Have you ever done CrossFit before? Taken an on-ramp course? Please explain below.		
Do you know of any other reason why you may not be able to participate in physical activity?		

If you answered YES to any of the questions above, please explain below

How did you hear about us?

HEALTH QUESTIONNAIRE

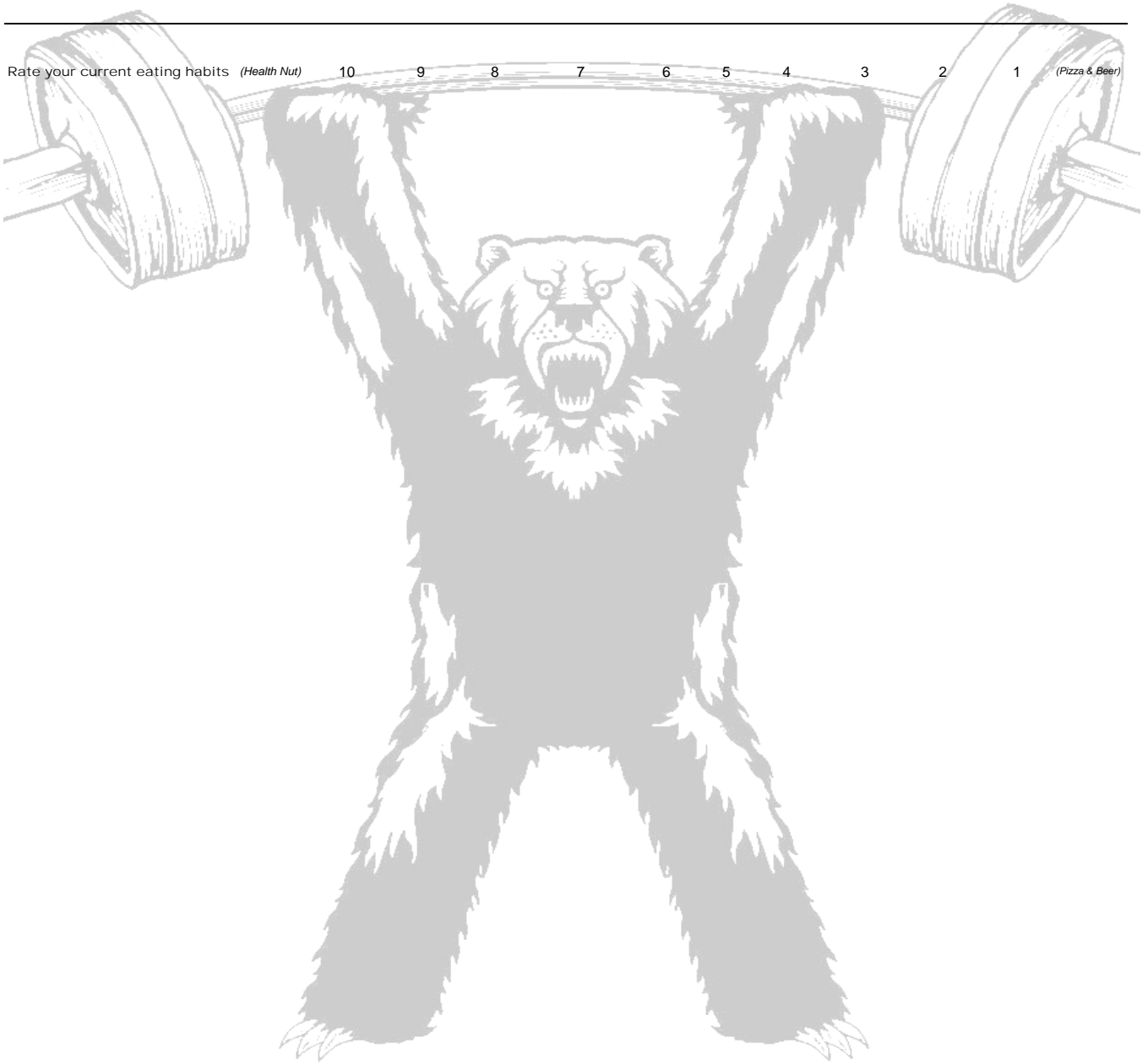
BERKELEY CROSSFIT
(T2-PT, Inc.)

Rate your current fitness level in the following areas

Strength	(<i>Olympian</i>)	10	9	8	7	6	5	4	3	2	1	(<i>Couch Potato</i>)
Cardiovascular Endurance		10	9	8	7	6	5	4	3	2	1	
Flexibility		10	9	8	7	6	5	4	3	2	1	
Coordination		10	9	8	7	6	5	4	3	2	1	
Balance		10	9	8	7	6	5	4	3	2	1	

Do you have a current fitness routine?

Rate your current eating habits (*Health Nut*) 10 9 8 7 6 5 4 3 2 1 (*Pizza & Beer*)



BERKELEY CROSSFIT (T2-PT, inc.), James Christopher Tioseco, John-Paul Tioseco, Greg and Laura Glassman, CrossFit and its agents, officers, principals and employees and volunteers, do/does not intend to give dietary advice. Only a licensed physician may provide medical advice. These individuals are working solely as “nutritional consultants” or “health coaches” and are not representing themselves to be practicing medicine by giving advice. All medical questions and dietary advice should be directed to your personal physician.

BERKELEY CROSSFIT (T2-PT, Inc.) STRONGLY RECOMMENDS THAT YOU CLEAR YOUR PARTICIPATION IN ANY EXERCISE PROGRAM WITH YOUR PHYSICIAN. THE PROTOCOLS OF THESE PROGRAMS INVOLVE HIGH INTENSITY WORKOUTS AND IT IS IMPORTANT YOU UNDERSTAND THE FOLLOWING:

I _____, agree to participate in physical training sessions instructed by certified trainer James Christopher Tioseco and/or certified trainer John-Paul Tioseco, and/or trainers affiliated with BERKELEY CROSSFIT (T2-PT, inc.). **I am fully aware that these fitness sessions are of an extremely strenuous nature and will push me to the limits of my physical abilities.** I recognize and understand these training sessions are not without varying degrees of risk, which may include, but are not limited to the following: damage to the musculoskeletal and/or cardio respiratory systems, which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to an existing medical condition, whether known or unbeknownst to myself. I willingly assume full responsibility for any and all risks, including injury or death, which I am exposing myself to as a result of my participation in a CrossFit training program designed by BERKELEY CROSSFIT (T2-PT, Inc.). I fully understand that there exists the possibility of adverse physical changes during an exercise program. These changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack, or even death. I understand that certain prescribed medications may exacerbate these physiological changes and create an even greater risk of physical damage or death. With my full understanding of the above information, I agree to assume any and all risks associated with my participation in this CrossFit Fitness Program given by BERKELEY CROSSFIT (T2-PT, Inc.).

Participant Signature: _____

Printed Name: _____

Date: _____

WAIVER AND RELEASE OF LIABILITY:

In full consideration of the above mentioned risks and hazards, I _____ am willingly and voluntarily participating in the activities made available by BERKELEY CROSSFIT (T2-PT, inc.). Given my full understanding of all of the above, I hereby waive, release, remise and discharge James Christopher Tioseco, John-Paul Tioseco, BERKELEY CROSSFIT (T2-PT, inc.), Greg and Laura Glassman, CrossFit and its agents, officers, principals, employees and volunteers, from any and all liability, claims, demands, action or rights of actions, or damages resulting from my participation in the CrossFit Fitness program. 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 permission to administer the 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 medical facility deemed necessary for the well being of the child.

Use of picture(s)/film/likeness: I further agree to allow BERKELEY CROSSFIT (T2-PT, inc.), its agents, officers, principals, employees, and volunteer the use of a 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 BERKELEY CROSSFIT (T2-PT, inc.), of this in writing.

Indemnification: I recognize there is risk involved in the types of activities offered by CrossFit. Therefore, I accept full financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless James Christopher Tioseco, John-Paul Tioseco, BERKELEY CROSSFIT (T2-PT, inc.), CrossFit Incorporated, Greg and Laura Glassman, their principals, officers, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by BERKELEY CROSSFIT (T2-PT, Inc.).

I have read and understood the foregoing assumption of risk, and release of liability. I understand that by signing, I am obligated to indemnify the parties named for any liability, for injury or death of any person, and for damage to property caused by my negligent or intentional acts or omissions. I understand that by signing this form I am waiving valuable legal rights. This Waiver and Release of Liability has no expiration date.

Participant's Signature: _____

Printed Name: _____

Date: _____

(If participant is under 18 years old)

Legal Guardian's Signature: _____

Printed Name: _____

Participant Name: _____

Date: _____

