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Waiver/Release & Medical Health Pre-exercise Questionnaire

***Please carefully read the information below. Form must be completed and emailed to info@terraintraining.com.au.**

• Are there any health reasons why you, the participant should not take part in any fitness related activity? Please write on the Waiver/Release & Medical Health Pre-exercise Questionnaire sign on sheet.

• I give permission for an ambulance to be called in the event of an emergency.

• Consent to photograph

I give my consent for photographs and/ or stories of me/the participant to be included in Terrain Training publicity.

First Name:.....**Surname:**.....

D.O.B:..... **Telephone No:**.....

Email Address:.....

Emergency Contact Name:.....

Emergency Contact No:.....

Any major illnesses or disabilities?.....

Are you presently exercising? **Y/N**

Brief outline.....

Have you been hospitalised recently? **Y/N**

Do you suffer from any of the following? Please ONLY circle Y

Heart disease **Y/N** **Asthma** **Y/N**

Heart Condition **Y/N** **Diabetes** **Y/N**

Back pain **Y/N** **Epilepsy** **Y/N**

Spinal Injuries **Y/N** **Hernia** **Y/N**

Arthritis **Y/N** **Heart Palpitations** **Y/N**

Joint pains **Y/N** **Hi/low Blood Pressure** **Y/N**

Tightness in Chest	Y/N	Rheumatic Fever	Y/N
Liver/Kidney Condition	Y/N	Regular Headaches	Y/N
Infections	Y/N	Muscular pain/cramps	Y/N
Chronic Cough	Y/N	High Cholesterol	Y/N
Are you pregnant?	Y/N	Allergies to Grass?	Y/N
Bladder Weakness?	Y/N		

Are there any conditions that may limit your physical activity? Write in additional notes below.

Do you have a family history of Heart Disease? Y/N

Are you Male>35yrs unaccustomed to exercise? Y/N

Are you Female>45yrs unaccustomed to exercise? Y/N

Are you currently on any medication/antibiotics/Anti Depressants? Y/N

Participant's declaration

In consideration of me being accepted as a member of Terrain Training fitness training, I hereby agree and declare that should I/the participant be permitted to take part in any activity related events organised or conducted by Terrain Training. I/the participant declare that I consider myself to be in good health and fit to participate and I am doing so entirely and absolutely at my own risk, and I agree that I/the participant will not make any claim against Terrain Training, **Nerang Country Paradise Association Inc** or any individuals for or in respect of any loss or injury to property or person (including injury resulting in death) which I/the participant may suffer during the course of or in consequence of any activity related event.

Please sign, date and add any information necessary on the Waiver/Release & Medical Health Pre-exercise Questionnaire.

I have read, understand & accept Terrain Training's full Terms and Conditions stated on the 2 pages.If you require any further information please email:info@terraintraining.com.au

Print Participants Name:.....Date:.....

Participants Signature:.....Date:.....

Print Witness Name:.....Date:.....

Witness Signature:.....Date:.....

Additional Notes:.....

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