



## Getting Started

The introductory session represents your initial training contact with one of our coaches and allows us to begin understanding your movement patterns and current fitness level in a one-on-one setting. This also allows us to get to know you - and you us - including your fitness history and goals.

This initial meeting takes about an hour and consists of talking with one of our coaches about your goals, learning a little bit more about CrossFit Campbell, and a few quick mobility, baseline cardio, and strength tests. Much like doctors considering various courses of treatment, we use what we learn along with your history to evaluate the next step in getting you prepared for our group classes.

To schedule your free session please email us at [Courtney@maxwell-ness.com](mailto:Courtney@maxwell-ness.com). Also, please print and fill out the following forms. Having these completed before your session will allow us to get the most out of your **free** 60 minutes.



# Health Status and Physical Activity Readiness Questionnaire (PAR-Q)



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Level of activity: Low Moderate High

Marital Status: \_\_\_\_\_ Education Level (highest level attained): \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Part I (Symptoms)**

1. Have you ever been diagnosed with heart trouble, heart palpitations, coronary disease, or high blood pressure? Y / N
2. Do you experience pain or discomfort in the chest or heart area when you do physical activity? Y / N
3. Do you suffer from shortness of breath at rest or upon mild exertion? Y / N
4. Do you ever lose your balance because of dizziness? Y / N
5. Do you ever lose consciousness? Y / N
6. Do you suffer from swollen ankles (due to circulation problems or a metabolic condition)? Y / N
7. Do you have a bone or joint problem (ie., back, knee, or hip) that could be made worse by a change in your physical activity? Y / N
8. Is your physician currently prescribing drugs (ie., water pills) for a blood pressure or heart condition? Y / N
9. Do you know of any other reason why you should not do physical activity? Y / N

***If 'yes' is the answer to any of the above, please have your physician complete a medical clearance form prior to exercise.***

## **Part 2 (Risk Factors)**

1. Has a physician ever diagnosed you with having high blood pressure (> 160/90)? Y / N
2. Are you currently on blood pressure medication? Y / N  
BP measurement - Right Arm \_\_\_\_\_ Left Arm \_\_\_\_\_ Average \_\_\_\_\_  
Your cholesterol is \_\_\_\_\_ mg/dL (< 6 months ago) Is the value > 240 mg/dL? Y / N
3. Do you smoke? Y / N  
If yes, how many cigarettes per day? \_\_\_\_\_
4. Do you suffer from diabetes? Y / N
5. Has anyone in your immediate family suffered from coronary or atherosclerotic disease prior to age 55? Y / N
6. Are you currently or think you may be pregnant? Y / N

***If 'yes' is the answer to two or more of the above, please have physician complete a medical clearance form prior to exercise***

## **Medical / Limitations / Past Medical History**

List any medications (and doses) you are currently taking: \_\_\_\_\_

And for what condition(s)? \_\_\_\_\_

Do you have any allergies? Y / N

If yes, please list: \_\_\_\_\_

Do you have any physical limitations that would limit your ability to exercise? Y / N

If yes, please list: \_\_\_\_\_

List dates and reasons / outcomes of any past surgeries, abnormal test results, hospitalizations, and / or treatments: \_\_\_\_\_

## **Smoking / Physical activity / Self image**

Did you ever smoke? Y / N If yes, at what age did you start? \_\_\_\_\_ And for how long? \_\_\_\_\_

Are you currently smoke free? Y / N

For how long? \_\_\_\_\_ If no, how many cigarettes per day? \_\_\_\_\_

Do you consider you lead a stressful life? Y / N If yes, rate from 1-10 (10 most stressful) \_\_\_\_\_

Do you practice stress management? Y / N If yes, how do you practice? \_\_\_\_\_

Do you participate in any kind of regular physical activity? Y / N If yes, how often? \_\_\_\_\_

And what type of activities? \_\_\_\_\_

Do you consider yourself overweight, underweight, or have no weight problem? \_\_\_\_\_

What do you consider a good weight for you? \_\_\_\_\_ What is the most you've ever weighed? \_\_\_\_\_

What changes would you like to make in your body composition? \_\_\_\_\_

***I pledge that all of the information that I have provided in this form is accurate, to the best of my knowledge, and that I have not willingly excluded any important information that could have any bearing on my ability to safely engage in exercise testing and exercise participation.***

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**MAX WELLNESS LLC RELEASE AND WAIVER OF LIABILITY,  
PRIMARY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

NO ADDITIONS, DELETIONS, CHANGES OR THE OMISSION OF initials or signatures are permitted on this two-sided document. PLEASE INITIAL on the line after each numbered paragraph to indicate you have READ AND UNDERSTOOD that paragraph. The omission of an initial does not void agreement with that paragraph. YOU MUST THEN SIGN AT THE END OF THIS DOCUMENT TO INDICATE AGREEMENT in the presence of a MAX Wellness LLC employee who will sign the document as witness.

IN CONSIDERATION of being permitted to participate in the physical fitness program conducted by MAX WELLNESS LLC, including all related structures and equipment and anything else related to these activities, the undersigned, for him/her self or for his/her participating minor child, and any personal representative, heirs, and next of kin, hereby:

1. Acknowledges that the physical fitness program conducted by MAX WELLNESS LLC has inherent dangers and that all statements or promises, verbal or printed, that I may have previously heard or received as to facts of safety are hereby repudiated. These hazards do involve the risk of serious injury and/or death and/or property damage.

Paragraph 1 read and understood \_\_\_\_\_

2. And, acknowledges that risks may include, but are not limited to, misinformation and instructions or the lack thereof; equipment malfunction, equipment misuse by either the participant or other participants in the physical fitness program conducted by MAX WELLNESS LLC, falling, impacting objects or being impacted by objects, weather-related injuries, and others, with consequential injuries received that may be compounded by negligent rescue operations or procedures of the released parties or others.

Paragraph 2 read and understood \_\_\_\_\_

3. And, expressly and voluntarily exercises a Primary Assumption of Risk acceptance and assumes all risk of death, personal injury, property damage, and all other injuries that may be caused by passive or active negligence in actions or services of the released parties; or hidden, latent, or obvious defects or hazards in the equipment or in the activity environment itself, that may be incurred while participating in any listed activity (or that may be incurred by the participating minor child).

Paragraph 3 read and understood \_\_\_\_\_

4. And, forever releases, waives, discharges and covenants to fully indemnify from all losses and agrees to not sue MAX WELLNESS LLC, and assigns, for claims, demands, or causes of action that I may have (or that the participating minor child may have) for injuries and damages arising out of participation on any physical fitness program, including, but not limited to, losses caused by the passive, active or gross negligence of the released parties, or by hidden, latent, or obvious defects or hazards in the equipment or misuse of the equipment

Paragraph 4 read and understood \_\_\_\_\_

5. And, agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to negligence of all kinds by the released parties, including negligent rescue operations, and is intended to be as inclusive as possible, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Paragraph 5 read and understood \_\_\_\_\_

6. And, agrees to fully indemnify MAX WELLNESS LLC and be financially responsible for any attorney's fees, other legal fees, all treatment and/or any necessary emergency costs, and any other expenses of any kind arising from participation (or that of the minor child) on any physical fitness program conducted by MAX WELLNESS LLC

Paragraph 6 read and understood \_\_\_\_\_

7. And, declares that I (or the participating minor child) have no history of illness or injury, nor are currently using any substance, medicine, drug or alcohol, that may hinder my ability (or that of my participating minor child) to participate on any physical fitness program conducted by MAX WELLNESS LLC.

Paragraph 7 read and understood \_\_\_\_\_

I HAVE READ this Release and Waiver of Liability, Primary Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me by anyone. I intend my signature to be an unconditional release of all liability to the greatest extent possible, and acknowledge that any notes or modifications or addition or deletions or errors or false signatures or omission of initials do not change or alter the original intent and force of this agreement.

\_\_\_\_\_

Signature of Participant and/or  
parent/guardian of Participating Minor Child

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Witness

PLEASE LEGIBLY PRINT THE FOLLOWING INFORMATION:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of participating minor child (if any): \_\_\_\_\_

Email Address: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_