

CrossFit Embolden & Embolden Yoga

Health Assessment & Waiver



Name: _____ DOB: _____

Address: _____ City: _____ State/Zip: _____

Cell Phone #: _____

EMAIL: _____

Emergency Contact: _____

Emergency Phone: _____

HEALTH ASSESSMENT

Current level of exercise? Please check one of the following:

Sedentary _____ 3-4x per week _____ 5-6x per week _____

Have you ever had any form of heart disease? Yes / No

Have you ever experienced shortness of breath or chest pains? Yes / No

Date of last full physical: _____

Do you have or do any of the following pertain to your health?

If yes, please explain.

High Blood Pressure? Yes / No Levels: _____

Cigarette Smoking? Yes / No

Diabetes? Yes / No Types: _____

Family History of Heart Disease? Yes / No Who/Age: _____

Are you currently taking any medication? Yes / No Explain: _____

Do you have problems in the following areas?

Knees Yes / No Explain: _____

Lower Back Yes / No Explain: _____

Neck/Shoulders Yes / No Explain: _____

Hip/Pelvis Yes / No Explain: _____

Any Other areas? Yes / No Explain: _____

Is there any reason you know of that you should not

participate in exercise? Yes / No Explain: _____

INFORMED CONSENT/ASSUMPTION OF RISK

I agree to participate in one or more physical fitness program(s)/class(es) sponsored by PFC Athletics LLC (dba CrossFit Embolden) and/or Embolden Yoga LLC, which may include, but not necessarily be limited to, Embolden Community WOD, Embolden Boot Camp, CrossFit Training, Yoga Training and/or training of any kind by any affiliate, subsidiary or partnership of PFC Athletics LLC (dba CrossFit Embolden) and/or Embolden Yoga LLC. CrossFit Embolden and Embolden Yoga have made me fully aware that the fitness programs/classes which they offer and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I, the undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to the following:

Injury 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 a medical condition, whether known or unknown by me. I am aware that any of these above-mentioned risks may result in serious injury or death to myself and or my partner(s).

