

Winter Warrior Training Program

First Name _____ Last Name _____
Street _____
City _____ State _____ Zip _____
Contact Phone _____
E-mail _____
Gender _____ Age _____
Emergency Contact Name _____ Phone _____

Please circle your current fitness level-

I can run or run/walk a 5k, but want to be able to run or run/walk a 8k

I can run an 8k, but want to be able to improve my current time

I am looking to stay active during the winter

I want to increase my mileage

I am interested in participating in the functional fitness classes on Thursdays (\$10.00 per class)

Signature _____ Date _____

I understand that adverse weather conditions are an inherent possibility in any outdoor exercise class. I understand that weather conditions are out of the control of the Fleet Feet Sports training program. I understand that class may be cancelled due to adverse weather conditions, including weather service alerts for dangerous air quality. I understand that no refunds or class credits will be given in the event of cancellation for adverse weather conditions.

_____ By placing my initials here, I understand and agree to the terms of this policy.

FLEET FEET
Sports



WAIVER AND RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Winter Warrior Training Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the FLEET FEET SPORTS – Kingsport, their agents, employees, coaches, volunteers, officers, directors, successors and assigns, the City of Kingsport, and any and all sponsors, their representatives and successors ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I attest that I am in good health and physically capable of participating in the No Boundaries Training Program, and my medical care provider has approved my participation. Further, I hereby release, consent to, and authorize, in advance, any such use of my name, photograph, voice or likeness by the foregoing parties in any manner they deem appropriate and necessary without remuneration to me.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signature: _____ Date: _____

Name: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Signature of Parent or Legal Guardian: _____ Date: _____

Name of Parent or Legal Guardian: _____



MEMBER ASSESSMENT

NAME: _____ DATE: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____
 _____ DATE OF BIRTH: _____

EMPLOYER: _____ REFERRED BY: _____

RANK YOUR DAILY ACTIVITY LEVEL AT WORK FROM 0-10: _____

*HOW MANY DAYS PER WEEK DO YOU CURRENTLY EXERCISE? _____

IF YOU DO CURRENTLY EXERCISE, PLEASE RATE THE INTENSITY AT WHICH YOU EXERCISE: _____

PLEASE LIST THE EXERCISES AND ACTIVITIES YOU CURRENTLY PARTICIPATE IN:

*PLEASE RATE YOUR GOALS IN THE FOLLOWING AREAS FROM 0-10. (0=NOT IMPORTANT, 10=EXTREMELY IMPORTANT)

FAT LOSS: _____ BUILDING LEAN MUSCLE: _____ STRENGTH: _____

CARDIOVASCULAR ENDURANCE: _____

*PLEASE LIST IN DETAIL ANY SPECIFIC FITNESS GOALS YOU HAVE: _____

PLEASE CIRCLE "Y" FOR YES OR "N" FOR NO:

- | | YES | NO |
|--|-----|----|
| 1. ARE YOU PRESENTLY TAKING ANY MEDICATIONS OR PILLS?..... | Y | N |
| 2. DO YOU OR HAVE YOU EVER HAD SEIZURES?..... | Y | N |
| 3. HAVE YOU EVER PASSED OUT DURING OR AFTER EXERCISE?..... | Y | N |
| 4. HAVE YOU EVER BEEN DIZZY DURING OR AFTER EXERCISE?..... | Y | N |
| 5. HAVE YOU EVER HAD CHEST PAIN DURING OR AFTER EXERCISE?..... | Y | N |
| 6. HAVE YOU EVER HAD HIGH BLOOD PRESSURE?..... | Y | N |

7. HAVE YOU EVER SPRAINED/STRAINED, DISLOCATED, FRACTURED, BROKEN OR HAD REPEATED SWELLING OR OTHER INJURIES OF ANY OF THE FOLLOWING:

- | | | | | |
|-----------|----------|--------------|---------------|-----------|
| ___ HEAD | ___ NECK | ___ SHOULDER | ___ THIGH | ___ KNEE |
| ___ ELBOW | ___ FOOT | ___ FOREARM | ___ BACK | ___ WRIST |
| ___ ANKLE | ___ HIP | ___ HAND | ___ CALF/SHIN | |

8. DO YOU HAVE ANY CURRENT OR PAST CONDITION THAT SHOULD BE BROUGHT TO YOUR TRAINER'S ATTENTION BEFORE PARTICIPATING IN AN EXERCISE PROGRAM?

EXPLAIN YES ANSWERS: _____ Y N

***WHILE TRAINING AND EXERCISING AT CROSSFIT KINGSPORT, YOUR SAFETY IS OUR FIRST PRIORITY. HOWEVER, WITH ANY EXERCISE PROGRAM, RISKS ARE PRESENT. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO VARIOUS MUSCULOSKELETAL INJURIES, FAINTING, AND INCREASED STRESS ON THE HEART DUE TO ELEVATED HEART RATE AND BLOOD PRESSURE. IN VOLUNTEERING FOR THIS EXERCISE PROGRAM, YOU AGREE TO ACCEPT RESPONSIBILITY FOR THESE RISKS AND WAIVE ANY POSSIBILITY FOR PERSONAL DAMAGE.**

***I RECOGNIZE THAT AN EXAMINATION AND RELEASE TO PARTICIPATE BY A PHYSICIAN MUST BE OBTAINED PRIOR TO MY INVOLVEMENT IN THIS STRENGTH AND CONDITIONING PROGRAM. BY SIGNING BELOW, I ACKNOWLEDGE THAT I EITHER HAVE A PHYSICIAN'S WRITTEN RELEASE TO PARTICIPATE IN A HIGH INTENSITY STRENGTH AND CONDITIONING PROGRAM OR HAVE CHOSEN NOT TO OBTAIN A PHYSICIAN'S PERMISSION TO PARTICIPATE IN THE EXERCISE PROGRAMS OFFERED AT CROSSFIT KINGSPORT, AND I HEREBY AGREE THAT I AM DOING SO AT MY OWN RISK.**

***IN CONSIDERATION OF MY PARTICIPATION IN THE PROGRAM, I HEREBY RELEASE AND FOREVER HOLD HARMLESS CROSSFIT KINGSPORT, ITS RESPECTIVE AGENTS, HEIRS, ASSIGNS, CONTRACTORS, AND EMPLOYEES INCLUDING FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, PRESENT OR FUTURE, ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN THIS OR ANY EXERCISE PROGRAM INCLUDING ANY INJURIES ARRIVING FROM MY PARTICIPATION IN ANY PROGRAM OR FROM ANY USE OF THE EQUIPMENT AT CROSSFIT KINGSPORT. I FULLY UNDERSTAND THAT I MAY SUFFER ANY FORM OF INJURY OR EVEN DEATH AS A RESULT OF MY PARTICIPATION IN THE PROGRAM, AND I HEREBY RELEASE IRON CROSSFIT KINGSPORT FROM ANY AND ALL LIABILITY NOW OR IN THE FUTURE, INCLUDING BUT NOT LIMITED TO MEDICAL EXPENSES, LOST WAGES, PAIN, SUFFERING, AND IN RARE INSTANCES DEATH.**

NAME (PRINT) _____

DATE: _____

SIGNATURE: _____

CROSSFIT KINGSPORT REP: _____