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## PRE-EXERCISE SCREENING | V1.6

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Please take a few minutes to answer the following questions as / on behalf of the Prodigy member:

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex (F/M): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

### MEDICAL CONSIDERATIONS

It is our professional duty of care to ask all participants, no matter what age, to complete the following questions. Simply place a Y or N next to the relevant questions to indicate Yes or No.

- Has a family member (under 60), suffered from heart disease, stroke, raised cholesterol or sudden death?
- Do you participate in regular vigorous exercise?
- Are you on any prescribed medication?
- Have you been hospitalised recently?
- Do you have any infections or infectious diseases?
- Are there any reasons or circumstances that would prevent you from fully participating in exercise, or any health related reasons to be considered? Please give details:

### Do you have, or have you had:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Stroke          | <input type="checkbox"/> Rheumatic Fever           | <input type="checkbox"/> Heart Murmur                       |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Dizziness or Fainting     | <input type="checkbox"/> High Blood Pressure (over 140/90)  |
| <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Stomach/Duodenal Ulcer    | <input type="checkbox"/> Palpitations or Pains in chest     |
| <input type="checkbox"/> Hernia          | <input type="checkbox"/> Liver or Kidney condition | <input type="checkbox"/> Raised cholesterol / Triglycerides |
| <input type="checkbox"/> Asthma*         | <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Muscular Pain                      |
| <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Any Heart condition       | <input type="checkbox"/> Anaphylaxis*                       |

Other, details:

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\* Please provide care plans

**Do you have any Pain or Major Injuries in the following areas: Details?**

- Neck \_\_\_\_\_
- Shoulders \_\_\_\_\_
- Back \_\_\_\_\_
- Knees \_\_\_\_\_
- Ankles \_\_\_\_\_
- Other \_\_\_\_\_

If you have ticked any of the above, you need a signed medical clearance from your doctor before starting exercise.

Doctors clearance: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I warrant that I am physically and mentally well enough to proceed with F45 TRAINING sessions. Client self-clearance of the above conditions:

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian signature (Where participant is under 18): \_\_\_\_\_

**CURRENT EXERCISE HABITS AND LIFESTYLE**

Are you currently exercising regularly?  Y  N

If yes, please give details: \_\_\_\_\_

Type of exercise: \_\_\_\_\_

Frequency of exercise (times per week):  1  2-3  3-4  5+

Do you smoke?  Y  N

If yes, how many per day?  1-5  6-10  10+

Do you have any known allergies? \_\_\_\_\_

**CLIENT GOALS**

- To improve aerobic capacity (heart / lung fitness)
- To gain overall fitness
- To improve coordination and flexibility
- To gain strength
- To be a part of a community / socialise
- Other, details: \_\_\_\_\_

Sports specific requirements details: \_\_\_\_\_

\_\_\_\_\_

## MARKETING

Tick if you do not wish to have pictures, videos or the like used for potential marketing material.

## STATEMENT

By signing this document, I acknowledge that engaging in physical activity may carry some risks to my health. I release F45 Training, its directors, agents, personal trainers, staff and sub-contractors of any liability for loss or injury, which I may suffer whilst participating in any activities however otherwise caused. I have been advised that it is in my best interest to complete a physical examination by a registered medical practitioner to confirm that I am fit and able to engage in strenuous and prolonged activities. I recognise that the instructor is not able to provide me with medical advice with regard to my fitness, and that this information is used a guideline to the limitations of my ability to exercise. I have answered questions to the best of my ability and understand the advice above. I agree to disclose any physical limitations, disabilities, ailments or impairments which may affect my ability to participate in fitness programs hereon. I agree to allow F45 Training to use pictures, videos or the like for potential marketing material. I also understand that all activities in any fitness program are optional and I may stop at any time.

Participant Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian signature (Where participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_ being the parent or guardian of the person named in this acknowledgment and release HEREBY ACKNOWLEDGE AND AGREE:

- I have read the whole document and understand it.
- I consent to the person named in this acknowledge and release participating in the activity and
- I am aware of the risks, dangers and obligations set out in this acknowledgment and release.

IN CONSIDERATION of the person named in this Acknowledgment and release being accepted to participate in the activity I AGREE TO RELEASE AND INDEMNIFY F45 TRAINING, in the same manner and to the same effect as if I were the person first named in this Acknowledgment and Release and the person participating in the activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDENDUM**  
**F45 PRODIGY MEMBER CODE OF CONDUCT**

**Consent to Participate:**

I, \_\_\_\_\_, consent for my child, \_\_\_\_\_ to participate in the F45 Prodigy Program. I am aware of the nature of the activities likely to be involved and have completed and submitted the Risk Warning.

**Code of Conduct:**

**My child agrees to:**

- Treat F45 staff, other members, parents/carers, and/or members of the public and colleagues with respect, courtesy, honesty and fairness, and have proper regard for their interests, rights, safety and welfare;
- Contribute to a harmonious, safe and productive training environment by their work habits, and relationships;
- Treat other members in a fair, competent and empathetic manner;
- Not harass, bully or discriminate against members, parents/carers, peers, members of the public or employees of F45;
- Not engage in rude or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening, intimidating or derogatory language towards staff, members or parents;
- Not use information and communication technologies, such as email, mobile phones, text or instant messaging, blogs and social media to engage in these negative behaviours;
- Not engage in inappropriate physical contact with other members, peers, parents/carers, members of the public (such as pushing, grabbing clothing, hitting, kicking, shaking, throwing objects, spitting).

**Risk Warning:**

I am aware in signing this document to allow my child's participation in this activity that training at F45 may be physically and/or emotionally demanding. I acknowledge that in providing me with this document F45 has warned my child and I, that certain inherent physical and/or emotional risks and dangers may exist in this activity. I acknowledge that while F45 and its staff will make every reasonable effort to supervise my child and to minimise exposure to known risks, all hazards and dangers associated with these activities (including but not limited to the risks identified in the schedule below) cannot be foreseen or may be beyond the control of the F45 and staff.

**Schedule:**

The Activity includes a variety of risks including but not limited to:

- Physical and/or bodily injury including but not limited to fractures, strains, sprains, lacerations, spinal injuries, partial and/or total paralysis, head or brain injuries, loss of limb or body part;
- Psychological injury, stress and/or emotional distress;
- Associated trauma; and/or
- Death, however caused.

My child agrees to abide by any safety guidelines and/or written and/or verbal instructions in relation to the activity as established by the staff of F45 in charge for the duration of the activity. I acknowledge that failure to abide by these guidelines could compromise the safety and wellbeing of my child, other participants and staff. My child could then be directed to leave the activity at my expense. I acknowledge that the warning contained in this document constitutes a Risk Warning pursuant to the Civil Liability Act 2002, or any equivalent or similar legislation in this state or territory where the activity will take place.

**Medical Authority:**

I am the parent or guardian of the child named above. My child is in good health and there are no special problems associated with his/her care other than those set out in the medical form. I am aware that in the case of my child suffering from asthma and anaphylaxis, I need an asthma care plan, detailing the required actions prescribed by a Dr should my child have an asthma attack, along with a Reliever and/or an EpiPen, respectively, in my child's immediate possession during the session. I must make the F45 staff member aware of their duties in the Care Management Plan.

In the event of illness/accident, I authorise the obtaining of such medical assistance for my child as considered necessary by F45, its assigns, employees or agents and/or any medical practitioner consulted by F45. I acknowledge that should an issue arise every possible effort will be made to contact me at the first available opportunity. In the event that my child/ward, through injury or otherwise, is, in the opinion of the F45 staff in attendance, in need of immediate medical treatment, including surgery and/or the administration of anaesthetics, I hereby give consent to the F45 staff to consult with medical services in the authorisation, in writing or otherwise, of the necessary treatment.

I accept all medical treatment risks and the responsibility for payment of any expenses thus incurred, including transportation.

I am aware that the practice of medicine in a surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of any related treatment or examinations.

Name of student(s) (please print):

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Name of parent, legal guardian or person with parental responsibility (please print):

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Number of parent, legal guardian or person with parental responsibility (please print):

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Signature of person with parental responsibility: \_\_\_\_\_

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