

Gravity Janes, LLC - Confidential Medical Waiver

Name: _____

Address: _____

City: _____

State/Zip: _____

Home Phone #: _____

Cell Phone #: _____

Date of Birth: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

Gravity Janes, LLC recommends that you clear your participation in any exercise program with your physician.

HEALTH ASSESSMENT

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 Type(s): _____

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: _____

Other 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 Gravity Janes, LLC., which may include, but not necessarily be limited to, Gravity Janes, Crossfit Training, and/or training of any kind by any affiliate, subsidiary or partnership of Gravity Janes, LLC and/or Dave Young (hereinafter collectively referred to as Gravity Janes). Gravity Janes made me fully aware that the fitness programs/classes which Gravity Janes offers 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

Confidential Medical Waiver - cont.

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 the above mentioned risks may result in serious injury or death to myself and or my partner(s).

Initials: _____

Among the potential risks of strenuous exercise is a rare but serious condition known as **Rhabdomyolysis**.

Rhabdomyolysis is a medical disorder that harms the kidneys. The disease results from the toxicity of destroyed muscle cells. A pigment that contains Iron, called myoglobin, that exists in skeletal muscle enters the bloodstream after the muscle suffers damage. The kidneys have difficulty filtering the myoglobin out of the bloodstream, because it blocks the structures within the kidney, which can result in serious kidney damage or kidney failure. Additionally, the dead skeletal muscle can cause large shifts in fluid from the bloodstream into the muscle, which reduces the relative fluid volume of the body and can lead to shock and reduced blood flow to the kidneys.

This condition has many causes, among them are:

- Severe exertion such as marathon running or calisthenics
- Ischemia or necrosis of the muscles (as may occur with arterial occlusion or other conditions)
- Seizures
- Use or overdose of drugs-especially cocaine, amphetamines, statins, heroin, or PCP
- Trauma
- Shaking chills
- Heat intolerance and/or heatstroke
- Alcoholism (with subsequent muscle tremors)
- Low phosphate levels

Rhabdomyolysis affects about one out of 10,000 people in the United States, with slighter higher incidence in men. Rhabdomyolysis accounts for an estimated eight to fifteen percent of cases of acute renal failure. About five percent of rhabdomyolysis cases result in death.

Initials: _____

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Gravity Janes programs/classes and of participation in fitness programs designed by Gravity Janes. Gravity Janes has informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. Gravity Janes has informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Gravity Janes fitness programs/classes.

Initials: _____

RELEASE

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by Gravity Janes, and with my full understanding of all of

Confidential Medical Waiver - cont.

the above, I hereby waive, release, remise and discharge Gravity Janes and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in Gravity Janes fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Gravity Janes to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initials:

INDEMNIFICATION

I recognize that there is risk involved in the types of activities offered by Gravity Janes. Therefore I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Gravity Janes, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Gravity Janes.

Initials:

Use of picture(s)/film/likeness: I agree to allow Gravity Janes, its agents, officers, principals, employees and volunteers the picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Gravity Janes of this in writing.

Initials:

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

_____/_____/_____
Participant's Name (please sign)

_____/_____/_____
Legal Guardian (please sign)