



PERSONAL DETAILS (Please print clearly) INTRODUCTION CSE: _____2019

NAME		DATE OF BIRTH	
ADDRESS		EMERGENCY CONTACT	Name
			Phone
PHONE	Mobile	DOCTOR	Name
	Landline		Phone
EMAIL		START DATE	INTRO CSE:
			MAIN STREAM:

HEALTH HISTORY:

If you answer 'YES' to any of the following questions please give details

Do you have any injury, illness, back or joint problem or muscular pain that may be aggravated by vigorous exercise? Including Arthritis		YES / NO
Have you for any reason been hospitalized within the last 6 months?		YES / NO
Do you currently have any Health issues		YES / NO
Are you taking any prescription medicine?		YES / NO
Is there any reason not mentioned above that may prevent or affect your ability to perform physical exercise?		YES / NO
Do you smoke ? YES / NO	Are you now, or have you recently been pregnant?	YES / NO
Are you currently involved in any physical activity? Please explain what and how often.		
Activity and Fitness Level on a scale of 0-5 (circle one) 0 being not exercising at all.		0 1 2 3 4 5
What are your goals and what can we do to help you achieve these?		

MEMBERSHIP FEES

MONTHLY UNLIMITED	
• FIRST MEMBER	220.00
• SECOND FAMILY MEMBER	200.00
• FRONTLINE MEMBERSHIP	200.00
STUDENT MEMBERSHIP (FULL TIME SECONDARY OR TERTIARY)	150.00
CONCESSION CARD	160.00
CASUAL VISIT	20.00
SENIOR CROSSFITTERS.. 55 PLUS	200.00 per month
WHANAU MEMBERSHIPS (UNLIMITED MONTHLY)	
1 PARENT AND 1 STUDENT	320.00
1 PARENT PLUS 2 STUDENTS	400.00
2 PARENTS PLUS 1 STUDENT	450.00
2 PARENTS PLUS 2 STUDENTS	500.00
INTRODUCTION COURSE	
\$250.00 (this includes tee shirt)	

INFLUX

Once you have purchased your membership, you will be sent a email from INFLUX SUPPORT. Just follow the instructions that will guide you how to download the website, then proceed with booking.

MEMBERSHIP

The preferred method of payment is using the direct debit system, EZIDEBIT (Direct Debit) . This is because the INFLUX and EZIDEBIT system are integrated, this allows the INFLUX to recognise your payment and add this to your membership .

The forms are available from the office at the Box. Please note there is a admin fee of less then \$1.50 on each transaction.

Note: Talk to us if you are going away **for more than a week** and we will put you membership on hold



Release of liability, Assumption of risk, and Indemnity Agreement

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO TAKE LEGAL ACTION AGAINST CROSSFIT TAUMATA

DEFINITIONS

In this agreement:

a) 'ACTIVITIES/ACTIVITY' includes but is not limited to personal training, fitness classes, team or individual training and competitions, fitness assessments, use of facilities, observation of athletic activities, Olympic lifting, powerlifting, strongman training, gymnastics, strength conditioning, metabolic conditioning, plyometrics, interval training, bodyweight conditioning, rope climbing, stretching, outdoor running on trails or sidewalks, sports and programmes, clinics, seminars and services provided to the athlete by **CrossFit Taumata**.

b) 'INJURY' shall refer to all forms of physical, mental, social and emotional injury in any way related to athletic activity including, but not limited to: death, breaks, strains, lacerations, dislocations, exercise induced rhabdomyolysis, heart failure, concussion, frostbite, hypothermia, heat illness, dehydration, trauma, anxiety, and fears.

(Excessive work can result (in rare cases) in rhabdomyolysis. You should look for signs of excessive soreness,

darkened urine, and pain in the kidney areas in the days following a particularly intense workout.)

c) **CrossFit Taumata** includes all parties involved with the **CrossFit Taumata**, either under direct employment or by association. Directors, owners, employees, staff, and any other parties representing **CrossFit Taumata** either in a training capacity or any other domain.

DISCLAIMER

I agree that **CrossFit Taumata** will not be responsible for any Injury suffered by me during any Activity and

that such Injury may result from:

a) All manner of injury resulting from slipping or falling, either roped or un-roped, while jumping, skipping, running, walking, lifting, climbing, and impacting of the floor, walls, equipment, other athletes, or any permanent or temporary fixtures or equipment;

b) Injuries resulting from activities on or near stands, racks, weight bars, pull-up bars, walls, ropes, cargo nets, medicine balls, and plyo boxes;

c) Injuries resulting from falling athletes or weights, dumbbells, bars, medicine balls, ropes and so forth or by any objects dropped by other persons conducting athletic activities or assisting others;

d) Failure of equipment, racks, stands, bars, attachments, anchors, ropes harnesses.

(CONTINUED OVER PAGE)



I further agree:

1. That the athletic activities that I am participating in require a moderate to high degree of effort, are designed to be high intensity, and are intended to maximally challenge my cardiovascular endurance, stamina, strength, flexibility, speed, power, coordination, agility, balance and accuracy;
2. That I will honestly represent my level of fitness, health, nutrition, use of medication, medical history, and current physical, mental and medical condition to **CrossFit Taumata**;
3. That although **CrossFit Taumata** takes steps to reduce the risks and increase the safety of all athletic activities, it is not possible for **CrossFit Taumata** to make these athletic activities completely safe;
4. That I am personally responsible for my preparation prior to athletic activities, my concentration and attention during these athletic activities and for my post activity rest and recovery;
5. That I will learn and obey the rules and regulations of **CrossFit Taumata**, and that I will follow the instructions and directions of **CrossFit Taumata** during athletic activities;
6. That I will inform **CrossFit Taumata** immediately should I feel any pain, discomfort, fatigue, nausea, or other symptoms that I may suffer during and immediately after athletic activities;
7. That I may stop participating at any time and that I may be directed to stop by **CrossFit Taumata** should I display noticeable signs of distress;
8. That I consent to receive basic first aid and treatment by **CrossFit Taumata** in the event of an injury or illness during athletic activity, although I fully recognize and understand that **CrossFit Taumata** are not trained medical professionals and will not hold them responsible for ineffective first aid or treatment of any kind;
9. That **CrossFit Taumata** may videotape, audiotape, or photograph me for instructional and promotional purposes without payment of any kind to me and without further notice to me or permission from me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of **CrossFit Taumata** allowing me to participate in **CrossFit Taumata** athletic activities and for

other consideration, I agree as follows:

To waive any claim that I have or may have in the future against **CrossFit Taumata**, and to release **CrossFit**

Taumata from any liability for any loss, damage, expense or Injury that I may suffer or that my next of kin

or family may suffer as a result of my participation in any Activity due to any cause including negligence or breach of any statutory or other duty of care on the part of **CrossFit Taumata**.

NOTE: This includes property damage, personal injury, third party injury, any costs including medical, emergency transportation, and litigation. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

LAWS OF NEW ZEALAND

This agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance to the laws of New Zealand and no other jurisdiction; and any litigation involving the parties to this agreement shall be brought solely within New Zealand and shall be within the exclusive jurisdiction of the courts of New Zealand.



FULL AGREEMENT

This Agreement is the only agreement between the parties and I am not relying on any oral or written representations or statements made by **CrossFit Taumata** with respect to the safety of athletic activities other than what is set forth in this agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST **CROSSFIT TAUMATA**

Participant who is the full age of eighteen (18) years:

Date: _____

Signature: _____

Name (please print): _____

Participant who is under the full age of eighteen (18) years:

I _____ (legal guardian) am the legal guardian of

_____ (participates name). I have read and understood the details of this agreement. By signing this agreement I therefore give permission for my child to fully participate in all activities in line with the details set in this agreement.

Date: _____

Guardian's signature: _____

Guardians Name (please print): _____

CrossFit Taumata

Garry Jones

Fred Asi