Legend CrossFit, LLC
Confidential Medical History Form

Name: _____
Last M.I. First

Email Address_____ Phone:_____

Address: _____
(address) City State Zip

Emergency Contact Phone: _____

Injuries and Medical Conditions:
Do you have, or have you ever had, any of the following conditions? If so, please check the blank, state the year, and explain the nature of the condition.

INJURY	*PLEASE EXPLAIN*
___ Fainting spells, dizziness, or weakness	
___ Heart murmur or heart condition of any kind	
___ Asthma	
___ Diabetes	
___ Any blood borne disease (AIDS, Hepatitis, Jaundice)	
___ Ever been advised to restrict activity during the past 5 years?	
___ Any thing not mentioned we need to know to ensure your safety?	

Please Rank your Fitness Level (5-being high / 0-being low)

1 2 3 4 5

CrossFit Experience: (5-frequent /1- none)

1 2 3 4 5

Waiver and Release

You (the client) agree that if you engage in any physical exercise, class, or activity, you do so at your own risk. You agree that you are voluntarily participating in activities and assume all risk of injury or illness. You agree to release and discharge Legend CrossFit, LLC of any and all claims or causes of action (known or unknown) arising out of my negligence. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against me for my negligence.

_____ _____
Client/Guardian Signature Date