



Client Personal Information

To secure your training with 5 Minute Fitness, please read, complete and return the Agreement below.

* Indicates required fields.

Registration Details:

*First Name: _____ *Last Name: _____

*Best Contact No: _____ *Mobile Phone: _____

Home Phone: _____ Occupation: _____

*Contact Email: _____

*Address line 1: _____

Address line 2: _____

*City/Town: _____ *State: _____ *Pcode: _____

*Date of Birth (dd/mm/yyyy): _____ *Age: _____

Emergency contact

*First Name: _____ *Last Name: _____

*Best contact No: _____ Mobile Phone: _____

Email: _____ Home Phone: _____

Relationship to you: _____

How did you hear about us? _____



Medical and Health Check

First Aid / Medical Qualifications

*Do you have any First Aid or Medical Qualifications? _____ Qualification: _____

*Current Health Status

Below Average Good Above Average Excellent

Medical Self Evaluation

*Do you suffer from any condition that requires the regular care of a Medical Doctor? Yes No Comment: _____

*Do you have any allergies to food, bites, stings or drugs? Yes No Comment: _____

*Are you allergic to penicillin? Yes No Comment: _____

*Have you been hospitalized or had surgery in the last five years? Yes No Comment: _____

*Do you have any heart problems such as myocardial infarction or arrhythmia? Yes No Comment: _____

*Have you ever suffered a heart attack or stroke? Yes No Comment: _____

*Do you have high or low blood pressure? Yes No Comment: _____

*Do you suffer from asthma or have any other respiratory problems? Yes No Comment: _____

*Are you a diabetic? Yes No Comment: _____

*Do you suffer from epilepsy or seizures of any kind? Yes No Comment: _____

*Do you have any physical or mental limitations that might preclude you from this training? Yes No Comment: _____

*Are you on medication (prescription, psychiatric or over-the-counter drugs) for any condition? Yes No Comment: _____

*Do you feel you will be physically prepared for the training by the start date? Yes No Comment: _____

Are you and your children vaccinated? Yes No Comment: _____

Do you, or have you ever smoked? Yes No Comment: _____

Is there anything else you think I should know? _____



Variation to the Schedule

5 Minute Fitness training sessions are sometimes conducted outdoors and are therefore affected by changing weather conditions. 5 Minute Fitness reserves the right to modify or cancel activities in the health and safety interests of all participants in the event of unforeseen circumstances.

In the event of any kind of emergency, participants will be required to strictly adhere to any directions given, either by the trainer(s), or other partner operators.

5 Minute Fitness does not accept liability or additional costs due to emergency or any unforeseen circumstance.

Medical Certificate

Following our review of your health status, as completed by you above, you may be required to have a Medical Doctor certify that you are in good health and physically capable of completing the training.

If you are over the age of 40 and are identified with at least one cardiac risk factor you will be required to undertake either an exercise stress test, or have a stress echo as recommended by your medical doctor before you can obtain a medical clearance.

The 5 Minute Fitness trainer has the delegated authority to withdraw any participant from the activities if they form the opinion that the participant is not physically capable of completing the activity safely.

Participant Agreement

1. I acknowledge that 5 Minute Fitness is the organiser of the Training.
2. I agree to participate in this training subject to the terms and conditions contained in this Agreement.
3. I acknowledge the training is a "recreational activity" which could involve risk of physical harm.
4. I agree to release and indemnify 5 Minute Fitness's Trainers, in the manner set out in this agreement.
5. I acknowledge that I have received appropriate warnings as to the risks associated with the outdoor training and other physical activities, by 5 Minute Fitness:
 1. The nature of the terrain and waterways;
 2. The physical nature of the training;
 3. Becoming lost or disoriented;
 4. Injury or illness caused by plant or animal life;
 5. Injury or illness as a result of exposure to the elements;
 6. Illness as a result of the consumption of food or drink in the course of the training;
6. I acknowledge the risks inherent in participation in the training and agree that:
 1. In order to safely complete the training I will require an intermediate level of physical and medical fitness and endurance ability;
 2. I will need to take appropriate medical precautions and advice before and during the training to avoid illness;
 3. I am medically fit to participate in the training and have obtained certification of medical fitness from a qualified medical practitioner, if requested.
7. I agree:
 1. To assume full responsibility for all risks associated with participation in the training;
 2. That 5 Minute Fitness is not responsible for my safety;
 3. That I will act in accordance with all reasonable instructions given by 5 Minute Fitness and/or its additional trainers and associated third parties in and about the training.
8. I hereby release and indemnify 5 Minute Fitness from and against all actions, proceedings, claims, damages, liabilities, suits, demands, losses, costs, fees and expenses whatsoever incurred or arising out of my/our participation in the training, notwithstanding any negligence on the part of 5 Minute Fitness, its employees, agents or contractors.
9. I acknowledge that the deposit I pay for my training is non-refundable.
10. I acknowledge that in the event of my withdrawal from the training for any reason whatsoever I will be responsible to meet all of my costs.
11. I acknowledge that 5 Minute Fitness is not liable for any personal, medical, transport, food or accommodation expenses if I have to withdraw from the training for any reason.
12. I agree that the interpretation of this Agreement will be governed by the law in the State of Victoria and submit to the jurisdiction of the Courts in the State of Victoria in respect of all matters arising hereunder.

I have read and accept the Agreement and all conditions above.

PARTICIPANT SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

DATE: _____

PLEASE RETURN SIGNED AND COMPLETED DOCUMENT IN PERSON OR TO eve@5minutefitness.com.au