



Owner & Trainer
Scott Windus
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Pre Exercise Medical Screening & Legal waiver

First Name:		Last Name:	
Address:			
Mobile No:		Work No:	
Email:		Birthday:	
Emergency Contact:		Phone No:	
		Occupation:	

Please complete and return all pages before your first class or any time your medical situation changes that may effect your ability to safely exercise.

Office Use - Does this client require medical clearance prior to commencing training Yes / No Clearance received Yes

DISCLAIMER: Warning, this is a legal document that affects your rights

Agreement for participating in Personal / Group Strength, Fitness and Conditioning Training

The 'Trainer' refers to the Australian Registered Business 'MATRIX Personal Training'

The 'Activity' refers to the participation in personal / group strength, fitness and conditioning training and general advices.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk
- I accept all risks and hereby indemnify and release the trainer, their agents , affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands and proceedings arising out of or connected with my participation in this activity
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns
- I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings
- I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and still, and will always be under the terms of this agreement.
- I certify that I am 18 years or older and have read this document and fully understand it

or

As a parent or guardian of the participant, I agree to the above for myself and on behalf of the participant and I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity or the terms referred to

Signature: _____ (guardian / parent to sign if under 18years of age)

Full Name: _____ Date: _____

Name of Trainer: Scott Windus

Signature of Trainer: _____

Marketing: How did you find out about MATRIX PT? _____

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____

Date of Birth: _____ Male Female Date: _____

STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
5.	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____ Date _____

EXERCISE INTENSITY GUIDELINES

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
SEDENTARY	< 40% HRmax	Very, very light RPE# < 1	<ul style="list-style-type: none"> Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement
LIGHT	40 to <55% HRmax	Very light to light RPE# 1-2	<ul style="list-style-type: none"> An aerobic activity that does not cause a noticeable change in breathing rate An intensity that can be sustained for at least 60 minutes
MODERATE	55 to <70% HRmax	Moderate to somewhat hard RPE# 3-4	<ul style="list-style-type: none"> An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted An intensity that may last between 30 and 60 minutes
VIGOROUS	70 to <90% HRmax	Hard RPE# 5-6	<ul style="list-style-type: none"> An aerobic activity in which a conversation generally cannot be maintained uninterrupted An intensity that may last up to about 30 minutes
HIGH	≥ 90% HRmax	Very hard RPE# ≥ 7	<ul style="list-style-type: none"> An intensity that generally cannot be sustained for longer than about 10 minutes

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10