L.I.F.E. Program / K-State CrossFit

Informed Consent and Assumption of Risk

I, ______________________________, desire to engage voluntarily in one or more of the following programs:

- **Lifestyle Improvement through Fitness Enhancement (L.I.F.E.).** I understand the purpose of exercise is to develop and maintain cardiorespiratory fitness, flexibility, and muscular strength and endurance.

- Aquatic classes will last a minimum of 45 minutes and are designed to increase heart rate up to 60-85% of age-predicted maximum heart rate. Each class will include a warm-up, stimulus, and cool-down. The rate of progression is self-regulated by the target heart rate during exercise and perceived effort of exercise. Aqua Aerobics are designed to maintain and increase muscle tone and joint range of motion.

- I may also choose to participate in non-instructed exercise and exercise-related activities in facilities such as the locker room, showers, weight rooms, cardiovascular training rooms, the indoor track, the gym, and the swimming pool. All of these facilities are available for use at my own risk.

- **K-State CrossFit.** I understand the purpose of CrossFit training is to develop a broad, inclusive fitness and that I may be asked to try new exercises. I also understand that the nature of CrossFit is that exercises are performed at high intensity relative to my ability and fitness level.

I understand that I am responsible for monitoring my own condition throughout the use of the L.I.F.E. and K-State CrossFit facilities, and should any unusual symptoms occur, I will cease my participation and inform the CrossFit instructor or L.I.F.E. employee of the symptoms. Unusual symptoms include, but are not limited to, increased blood pressure, increased heart rate, chest discomfort, nausea, and difficulty in breathing or dizziness.

In addition, if I plan to participate in the L.I.F.E. or K-State CrossFit Programs and have experienced any of the following signs or symptoms, I agree to take complete responsibility for my health and well-being by contacting my physician for further evaluation: diagnosed hypertension or systolic blood pressure > 140mm Hg or diastolic blood pressure >90mm Hg on at least 2 separate occasions, currently taking prescribed antihypertensive medication, serum cholesterol > 240 mg/dl, current cigarette smoking, a family history of coronary or other atherosclerotic disease in parents or siblings prior to age 55, currently leading a sedentary lifestyle, pain or discomfort in the chest or surrounding areas, shortness of breath with mild exertion, dizziness or syncope, othopnea, paroxysmal nocturnal dyspnea, ankle edema, palpitations or tachycardia, or claudication. Also, I will notify the CrossFit instructor, L.I.F.E. program staff, and my physician if I am not accustomed to vigorous exercise, or if there is any good physical reason not mentioned why I should not participate in an activity program. In the event I choose to participate in the L.I.F.E. Program or K-State CrossFit before a required medical consent is received, I will assume full responsibility for my health and well being and assume all risks of such exercise and testing in the L.I.F.E. and CrossFit programs.
I am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to the 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; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under the direction of the L.I.F.E. Program or K-State CrossFit.

Photography/Video Release

- Participants involved in any activities offered by L.I.F.E. and K-State CrossFit may be photographed or videotaped during training. By initialing below, I, ______________________, hereby consent to the use of these photographs and/or videos without compensation, on the K-State CrossFit website or in any editorial, promotional, or advertising material produced and/or published by L.I.F.E. and K-State CrossFit. Initial here ______________

In signing this consent form, I affirm that I have read it in its entirety and that I understand the nature of my exercise participation, or the description of the assessments and their components, as the case may be. I also affirm that all of my questions regarding the exercise program or health fitness assessments have been answered to my complete satisfaction.

Also, in consideration of being allowed to participate in the above programs, I agree to assume all risks of such exercise or testing, and hereby release and hold harmless the State of Kansas, Kansas State University, CrossFit Headquarters, and the agents and employees, from any and all legal claims, suites, losses, or causes of action of any kind, for injury or death, including claims for negligence, arising out of or related to my participation in the L.I.F.E. Program or K-State CrossFit, the health fitness assessments, and the exercise prescription.

By signing below, I certify that I have read and understood all of the above, and agree to all of the above terms.

_____________________________ Date

Signature of Participant

_____________________________ Date

Signature of Witness

_____________________________ Date

Parent or Legal Guardian (if participant is <18 years)