Health Assessment, Assumption of Risk and Waiver of Liability

This agreement must be completed in full, initialed where indicated, dated, signed and witnessed prior to participating in any MissionFiT/Iron Eagles athletic activities.

Personal Information

Name		**Email**	
Home Address		**Cell Phone**	
Birth Date		**Age**	
Emergency Contact Name		**Emergency Contact Phone**	
T-Shirt Size		**Church Attend**	

Assumption of Risk - Release of Liability - Waiver of Claims & Indemnity Agreement

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

This Release applies to MissionFiT/Iron Eagles, and all Owners, volunteers, Directors, Officers, employees, trainers, instructors, Agents, officials, independent contractors, representatives, successors and assigns (hereinafter "MissionFiT").

Assumption of Risk: By signing this agreement, I indicate that I am aware that there are significant risks involved in all aspects of my participation in the activities with Radical Fitness. These risks include activities which may result in serious injury or death, injury and/or death due to negligence on the part of myself, my training partner, and other people around me. I further acknowledge that not all hazards can be foreseen and I am willingly assume full responsibility for the risks to which I am exposing myself and accept full responsibility for any injury and/or death that may result from participation in any activity or class while participating in any services provided by MissionFiT/Iron Eagles..

(Please Initial: _____)

Release of Liability: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available with MissionFiT, I hereby release MissionFiT, their principals, agents, employees, vendors, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation with Radical Fitness, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with MissionFiT/Iron Eagles to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child. I also hereby release any vendors and owners of leased equipment and/or property from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity and equipment usage.

(Please Initial: _____)

I further understand and acknowledge that information, such as nutritional, dietary, physical activities, workouts, and all other information, may be provided by MissionFiT owners, employees, members, and other persons connected and that it is solely my choice to utilize or decline to follow such information provided by MissionFiT and that any injury or other condition that I may suffer as a result is the effect of my own choice to follow such information and I hereby agree to release MissionFiT and all those associated therewith from all liability resulting from my choice to utilize any and all information provided. I also understand and acknowledge that I should contact a physician regarding any change in diet or physical activities that I may participate in, prior to starting a new diet or physical activities, such as those suggested by MissionFiT/Iron Eagles, and should I not see a physician prior to starting a new diet or physical activities with MissionFiT/Iron Eagles, it is my sole choice and I agree to hold MissionFiT/Iron Eagles harmless.

(Please Initial: _____)

Indemnification: I recognize that there is risk involved in the types of activities offered by MissionFi/Iron EaglesT. Therefore, I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless MissionFiT/Iron Eagles, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by MissionFiT/Iron Eagles.

(Please Initial: _____)

Photo/Film/Likeness Release: I agree to allow MissionFiT/Iron Eagles, its agents, officers, principals, employees and volunteers use picture(s), film and/or likeness of me for advertising/marketing purposes and hereby release MissionFiT/Iron Eagles from all liability resulting from the use of such pictures, film, and/or likeness. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform MissionFiT/Iron Eagles of this in writing.

(Please Initial: _____)

By signing below, I acknowledge that I have read, understand, and agree (or agree on behalf of my child - if under 18 years of age) to all provisions of this Waiver of Liability and all parts contained herein, including but not limited to Assumption of Risk, Release of Liability, Indemnification, and Photo/Film/Likeness Release and I understand that by signing below obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights, including the right to sue.

_____ _____

(Signature) (Date)

_____ _____

(Signature of Parent & phone number if participant is under 18 years of age) (Date)

_____ _____

(Signature of MissionFiT/Iron Eagles Staff Member) (Date)

Health Questionnaire

Please take a moment to answer the questions below. All information is 100% confidential and will help us in programming/coaching to assist you in meeting your personal health and fitness goals! Personal information disclosed to staff/coaches.

Big Picture Cautions

Do you have a family history of heart disease?	Yes / No
Do you have high blood pressure?	Yes / No
Do you have low blood pressure?	Yes / No
Do you ever experience dizziness?	Yes / No
Have you ever experienced shortness of breath or chest pain?	Yes / No
Do you have any allergies?	Yes / No
Are you a smoker?	Yes / No

General Medical History:

Date of last Physical where the below was obtained: _____
Blood Pressure within the last year: _____/_____
Cholesterol within the last year: Total =_____ HDL = _____ LDL = _____ Ratio = _____
Triglycerides within the last year: _____
Glucose within the last year: _____
Hemoglobin A1C within the last year: _____

1. Do you have any Medical/Musculoskeletal Complaints? If Yes, please describe below.

_____

2. Have you been Diagnosed by a Physician with ANY medical condition? If Yes please list below.

_____

3. Have you ever had any surgeries? I yes, please list below along with the outcome and current status.

_____

4. Do you have any current injuries or areas of difficulty that affect your physical activity?

_____

5. Do you take any prescription or over the counter medications? How often do you take these? Please List.

_____

5 Fold Fitness:

On a scale of 1-5, 5 being the best, how would you rate your overall health in each of these areas in the current season?

1. Spiritual Fitness: _____
2. Mental Fitness: _____
3. Emotional Fitness: _____
4. Social Fitness (are you engaged in community, do you have a best friend): _____
5. Physical Fitness (exercise on a regular basis): _____
6. *Nutrition (Taking into consideration - Quality, Quantity, and Balance): _____

Stress:

1. What is my current stress level in life? 1-5, 5 being the most stressed. _____
   A. How well are you managing that stress? 1-5, 5 being the best. _____
   B. What means are you taking to manage that stress? _____
   C. Do you understand the types of stress you're battling? _____
2. Do you regularly practice stress breathing techniques? _____
3. Have you experienced long periods of stress that's affected your well being? _____
4. Do you tend to gain weight, especially around the middle (spare tire)? _____
5. Have you endured a Big T Trauma in life? If so, when? _____
6. Do you suffer from post-traumatic stress syndrome? _____

Social:

Have you "become so well adjusted to your culture that you fit into it without even thinking" (see Romans 12:2)? Has the pace of your life hindered your relationships with others? If so, how?

_____

1 = Strongly Disagree 2 = Moderately Disagree 3 = Slightly Disagree 4 = Unsure 5 = Slightly Agree 6 = Moderately Agree 7 = Strongly Agree

I have a best friend _____
I have people in my life who I can confide in and confess my sins to. _____
I have an accountability partner that I meet with on a regular basis. _____
I have a group of people I call "my community" _____
I am engaged in a local church _____
I have safe and secure relationships at home. _____
I have safe and secure relationships at work. _____
I have safe and secure relationships in my church community. _____
I am comfortable setting boundaries. I can easily say "No" when I need to. _____

Rest:

Part A.

1. Average number of hours of sleep per night: _____
2. Bed time? _____ Do you go to bed at the same time every night? _____ Wake time? _____
3. How long does it take you to fall asleep? _____
4. Trouble falling asleep?: _____ Explain: _____
5. Trouble staying asleep?: _____
   Explain (Ie light sleeper, wake up at 3am every night): _____
6. Do you feel refreshed when you wake up in the morning? _____
7. Do you ever take anything for sleep? If so what and how often? _____

8. What is your circadian chronotype (your body's preference)? _____
    - "Morning Person" - more focused early in the morning, more creative and productive before 3 or 4pm.
    - "Night Owl" - more focused after 2pm, life is more effective after 2pm
    - "Advanced Sleep Based Syndrome" - in order to function you need to go to bed at 8pm and do better waking up between 4 and 5 am.
    - Delayed Sleep Based Syndrome" - the opposite of above

Part B.

Energy Patterns

____ I often have to force myself in order to keep going. Everything seems like a chore.
____ I am easily fatigued.
____ I have difficulty getting up in the morning.
____ I suddenly run out of energy.
____ I often have an afternoon low between 3:00-5:00 PM.
____ I get low on energy, moody or foggy if I do not eat regularly.
____ I am often tired at 9:00-10:00 pm, but I resist going to bed.
____ If I don't go to bed by 11:00pm, I get a second burst of energy around 11:00 PM, often lasting until 1-2am.

Part C.

1. Do you take periods of rest and what does that look like?: _____
2. Do you create "margin" in life? _____
3. Do distractions such as noise, demands, and frenzied schedules impact your life? Have these pressures ever brought you to a crisis point in your house and or in your life of faith? _____
4. What is the typical rhythm of your day or week? How do you relax? Do you find it difficult, guilt producing, or wasteful to relax? Or do you find it to be renewing?

    _____
5. What comes to mind when you hear the word solitude? Does the prospect of being completely alone make you uncomfortable, or do you welcome the opportunity? _____
6. If Solitude is not part of the rhythm of your life, what do you feel you're attempting to avoid or resist?

    _____
7. What are the things that fill your life and prevent you from being silent and listening to God?

    _____

Exercise:

1. Are you participating in any form of regular exercise? _____
2. Have you ever participated in strenuous exercise?
3. Have you any reason not to participate in strenuous exercise?
4. What form of exercise and where are you working out? _____
5. How many times per week? _____ Length of each session? _____ Intensity level? _____
6. Any issues while exercising? _____

Wellness:

1. Blood Type: _____ Height: _____ Weight: _____
2. What are your weight/body composition goals: Lose Maintain Gain
3. How long have you been at your current weight? _____
4. Is your life sedentary, active or physically demanding? _____
5. Do you have good healthy posture? _____
6. How is your Flexibility/Range of Motion? _____
7. Technology hours per day: _____ Healthy or unhealthy? _____
8. Water Intake per day (in ounces): _____
9. What are the 3 most consumed liquid beverages in your diet?
   1. _____
   2. _____
   3. _____
10. Number of cups of coffee per day: ____ Ingredients in coffee: _____
11. Alcohol? If so what and how much?: _____
12. Are you taking vitamins regularly? If so, **what** are you taking and **what times of the day** do you take those?

    _____

Nutrition:

1. How many hours do you have without food from your last meal of the day until your first? _____
2. Please provide an example of a day's worth of food with quantities.
   Breakfast: _____

   Lunch: _____

   Dinner: _____

   Any snacks: _____

3. Do you follow a specialized diet (low carb, gluten free, vegan etc..)? If yes, please describe plus reasons for following. _____
4. Any allergies to specific foods? If so, what? _____
5. If you know, average macronutrient breakdown: Protein _____ Carb _____ Fat _____
6. If you know, average number of calories, grams breakdown, or blocks per day (quantity): _____
7. How many times do you eat out weekly? Typically where do you eat and what are you ordering?

   _____
8. How often do you eat dessert weekly? What are you eating? _____
9. Do you need coffee or some other stimulant to get going in the morning? _____
10. Do you often crave junk food? _____
11. Do you often crave sweet, then salty foods? _____
12. Do you feel worse if you miss or skip a meal? _____

Mental:

Do you ever forget information that you have learned recently? _____
Do you have to ask for the same information again or need reminder notes? _____
Do you lose things easily? _____
Do you struggle to remember words, date, or events? _____
Do you ever struggle to think clearly? _____
Do you stimulate your brain by learning new things? _____
Are you focused and truly productive at work? _____
Do you have brain fog and struggle to think clearly sometimes? _____
Is your thinking confused when hurried or under pressure? _____

Spiritual:

1. Are you suffering with unconfessed sin? _____
2. Are you struggling with unforgiveness? _____
3. Are you struggling with unresolved trauma? _____
4. Do you have healthy boundaries in action? _____
5. What words most accurately describe the rhythm of your life? Do these words fall more into the category of " balanced, peaceful, and centered" or into the realm of " pressured, fatigued, and out of control"? _____
6. What are the things in life that your heart is most set on? How closely do these things align with becoming the person God made you to be? _____
7. Do you believe your life is in step with how God intends for you to live? _____
8. How well acquainted are you with your "true self" - the person God created you to be? _____
9. Do you regularly read sacred scripture? If not, why not? _____

My personality:

When you've had a rough day, what helps you persevere? _____

- A gentle nudge
- A team cheering you on
- Some tough love
- A space to let your frustrations out

Emotional: (check the boxes that apply)

PART 1: Anxiety Screener				
Over the last 2 weeks, how often have you been bothered by	**Not at all**	**Several days**	**Over half the days**	**Nearly every day**
Feeling nervous, anxious, or on edge	☐0	☐1	☐2	☐3
Not being able to stop or control worrying	☐0	☐1	☐2	☐3
Worrying too much about different things	☐0	☐1	☐2	☐3
Trouble relaxing	☐0	☐1	☐2	☐3
Being so restless that it's hard to sit still	☐0	☐1	☐2	☐3
Becoming easily annoyed or irritable	☐0	☐1	☐2	☐3
Feeling afraid as if something awful might happen	☐0	☐1	☐2	☐3
Please add the numbers next to each box that you checked and write your total score in this box →				

What does my score mean?

0-4: Minimal Anxiety **5-9**: Mild Anxiety **10-14**: Moderate Anxiety **15+**: Severe Anxiety

****We recommend that you consider speaking to a mental health professional with a score of 10 or higher.*

PART 2: Mood Screener				
Over the last 2 weeks, how often have you been bothered by	**Not at all**	**Several days**	**Over half the days**	**Nearly every day**
Little interest or pleasure in doing things	☐0	☐1	☐2	☐3
Feeling down, depressed, or hopeless	☐0	☐1	☐2	☐3
Trouble falling/staying asleep, sleeping too much	☐0	☐1	☐2	☐3
Feeling tired or having little energy	☐0	☐1	☐2	☐3
Poor appetite or overeating	☐0	☐1	☐2	☐3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐0	☐1	☐2	☐3
Trouble concentrating on things, such as reading the newspaper or watching television.	☐0	☐1	☐2	☐3
Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	☐0	☐1	☐2	☐3
Please add the numbers next to each box that you checked and write your total score in this box →				

What does my score mean?

0-4: Minimal Depression (Dep) **5-9**: Mild Dep **10-14**: Moderate Dep **15-19**: Moderately Severe Dep **20+**: Severe Dep

****We recommend that you consider speaking to a mental health professional with a score of 10 or higher.*