



SPORT SPEED FOR COACHES COURSE WAIVERS

FIRST NAME: _____ LAST NAME: _____

MALE FEMALE Date of Birth: _____

MEDICAL AND HEALTH SCREEN AGREEMENT

I acknowledge that it is a condition of participating in the ASSA Sport speed for coaches course that I do so at my own risk.

I accept all risks and hereby indemnify and release Ranell Hobson, the Academy of Sport Speed and Agility and their affiliates, employees, contractors, sponsors and any person or body directly and indirectly associated with Ranell Hobson and the Academy of Sport Speed and Agility, 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 the Sport speed for coaches course. 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 Sport speed for coaches course 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 the Sport speed for coaches course. 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 the Sport speed for coaches course, Ranell Hobson will be immediately informed. By continuing to participate in the Sport speed for coaches course, 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.


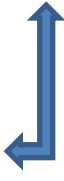
Signature of participant: _____ Date: _____

ASSA representative: _____ Date: _____

ADULT PRE-EXERCISE SCREENING TOOL

FIRST NAME: _____ LAST NAME: _____

MALE FEMALE Date of Birth: _____

Health Question		Circle	
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 suffer 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 past 12 months ?	YES	NO
5	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the past 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 conditions 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 (Doctor) or appropriate allied health professional prior to commencing the Sport speed for coaches course			
IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health whilst attending and participating in the Sport speed for coaches course please continue to read and sign below			

As coaches, trainers, participants of regular exercise it is common to experience delayed onset muscle soreness, light niggles and points of irritation in muscles and perhaps joints. As coaches, trainers, participants of regular exercise, most are accustomed to self-managing their level of participation in exercise and physical activity from session to session. If you answered "NO" to all questions above and are willing and able to 'self-manage' you own level of intensity and duration of participation in practical sessions throughout the Sport speed for coaches course please sign and date below.

Signature of participant: _____ Date: _____

ASSA representative: _____ Date: _____



INTELLECTUAL PROPERTY ACKNOWLEDGEMENT / AGREEMENT

As a participant in the ASSA © Sport Speed for Coaches Course I am aware that I will have access to ASSA Coaching and Educational materials and content, including but not limited to written handouts, programs, power point presentations, lectures and audio visual content, collectively known as 'ASSA educational resources'. I acknowledge that the ASSA Educational resources are the exclusive intellectual property of ASSA and agree that I will not:

(1) copy, reproduce, duplicate, modify or create derivative works from the ASSA Educational resources or otherwise distribute the ASSA Educational resources, including but not limited to posting such materials on the Internet (including but not limited to social networking sites such as Facebook or video distribution sites such as YouTube) or photocopying or otherwise scanning such materials; or

(2) in any format (whether digital or otherwise), photograph, film, record or tape any ASSA Educational resources or otherwise capture (in any format) any still images, film or video footage, or audio content in connection with any ASSA Educational resources, including but not limited to tape recording, photographing or filming any lectures or taking photos or video of any written materials.

I understand that this acknowledgement/agreement is governed by the laws of the state of New South Wales, Australia.

Name of Participant: _____ DOB: _____

Signature of participant: _____ Date: _____