

ASSA



1 DAY EVERYTHING YOU NEED TO BUILD EXPLOSIVE SPEED 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 1 Day Everything You Need to Build Explosive Speed 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 this 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 Everything You Need to Build Explosive Speed 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 this 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 this course, Ranell Hobson will be immediately informed. By continuing to participate in the 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.

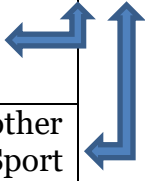
Signature of participant: _____ Date: _____

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 Everything You Need to Build Explosive Speed course please sign and date below.

Signature of participant: _____ Date: _____

ASSA representative: _____ Date: _____