



Health History and Waiver For Triathlon, Duathlon, Running, Swimming, and Cycling Programs

Name _____ Physician's Name _____
Date of Birth _____ Physician's Phone _____
Age _____ Emergency contact name _____
Gender _____ Emergency contact phone _____

Please read the following questions carefully and answer each one honestly. Check YES or NO.

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| ___ | ___ | 2. Do you feel pain in your chest when you do physical activity? |
| ___ | ___ | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| ___ | ___ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| ___ | ___ | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| ___ | ___ | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| ___ | ___ | 7. Do you know of any other reason why you should not do physical activity? |
| ___ | ___ | 8. Has your mother (before age 65) or father (before age 55) died from a heart attack or suffered sudden death? |
| ___ | ___ | 9. Do you currently smoke? |
| ___ | ___ | 10. Have you ever been diagnosed with hypertension (high blood pressure)? |
| ___ | ___ | 11. Have you ever been diagnosed with hypercholesterolemia (high blood cholesterol)? |
| ___ | ___ | 12. Are you a diabetic, have a thyroid condition, or any chronic condition? |
| ___ | ___ | 13. Currently, do you have a sedentary lifestyle (defined by the combination of a sedentary job with no regular exercise or active recreational pursuits)? |
| ___ | ___ | 14. Do you have bronchitis, asthma, or any chronic pulmonary disease that may result in breathing difficulty during exercise? |
| ___ | ___ | 15. Are you pregnant? |

If you answered YES to any of the above questions, it is highly recommended that you seek medical approval before participating in the Camelback Coaching training program. Once you begin your training program, if your health changes so that you then answer YES to any of the above questions, consult your doctor and inform Camelback Coaching immediately so that your training plan is postponed or changed accordingly.

Please fill out the following section as completely and honestly as possible.

1. Are you currently using any medications or drugs? If so, please list the medication and the reason _____

2. Have you had surgery in the last 12 months? If so, please explain. _____

3. Have you had any injuries that have required rehabilitation that are currently limiting or could limit your physical activities? If so, please explain. _____

4. Do you have any allergies? _____

5. What is your height? _____ inches weight? _____ pounds

6. Do you have any special medical needs or information Camelback Coaching should be aware of?
(Please attach further sheets for explanation, if desired.) _____

Physical Risks of Exercise

Triathlon, Duathlon, Running, and Swimming are physically demanding sports that require the athlete to undertake consistent vigorous exercise in training. With any type of vigorous high-level physical exercise, there is the possibility of risk occurring. These risks include fainting, irregularities in heartbeat, and in exceptional cases, heart attack and sudden death. In addition, the stresses on the musculoskeletal system may cause tendon and muscular injury ranging from stiffness and sore muscles and tendons through to muscular tears and bone fracture. During competition, triathletes, duathletes, runners, and swimmers may motivate themselves to exercise at levels very close to or at their maximum. Consequently, during training and competition you could be exposed to these risks.

Prior to beginning training, it is required that you complete a medical history questionnaire, a physical activity record, and provide some basic physical measurements such as height and weight. This information is required to ensure that you are healthy and physically active and able to begin training. It is essential that you provide this information accurately, as incorrect information could provide a false impression of your health and physical readiness. This could lead to fitness programming that is at a level that is inappropriate for your current level of health and fitness. At best, this could result in poor adaptation to the training, excessive fatigue and/or injury. At worst, it could result in heart attack and death. You therefore agree to provide us with truthful, current, complete and accurate information.

Disclaimer

Camelback Coaching will rely on your information disclosed in this questionnaire as a complete, accurate, and truthful record of your medical history. Camelback Coaching and its representatives are not medical practitioners; we will rely on your answers on the above questionnaire (and the opinion of a physician, if you indicate such to us or we deem advisable) to determine the safety of your undertaking vigorous physical training. Camelback Coaching and its representatives will not be held responsible for any damages, loss or expenses suffered by you, including those incurred as a result of your failure to provide complete, accurate, and truthful information concerning your medical condition or as a result of the medical practitioner failing to consider, assess, or diagnose your medical condition accurately, thoroughly, or at all.

Waiver

I acknowledge and accept all risk associated with physical training; I understand that such training, by its nature, is rigorous, and that I am volunteering for such training without recourse to Camelback Coaching and its representatives. I waive, release, and discharge from any and all claims on losses or liabilities of death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, including but not limited to economic loss, attorney's fees and costs, which may in the future arise out of or related to my participation in this training program. I authorize Camelback Coaching personnel to use emergency/first aid treatment should it become necessary, but I expressly authorize Camelback Coaching personnel not to use such treatment as well. I have read and understood the foregoing disclaimer and questionnaire, the latter having been fully and truthfully completed, as I understand that Camelback Coaching is relying on the information I provide in this questionnaire in providing its services.

Signature _____ Date _____

Print Name _____

Street Address _____

Phone _____ E-mail _____

Which program/service are you interested in? _____