



**Amissville Location:**

1601 Gough Lane  
Amissville, VA 20106

**Warrenton Location:**

522 Fletcher Drive  
Warrenton, VA 20186

## LIMITS OF LIABILITY/ DISCLAIMER WARRANTY

THIS MANUAL/WELCOME PACKET IS DESIGNED TO PROVIDE INFORMATION IN REGARDS TO THE SUBJECT MATTER COVERED.

IT IS PROVIDED WITH THE UNDERSTANDING THAT THE AUTHOR, PUBLISHER, ADVISORS, AND MEMBERS OF CROSSFIT WARRENTON ARE NOT RENDERING MEDICAL ADVICE OR OTHER MEDICAL/HEALTH SERVICES.

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## PERSONAL INFORMATION

Name:	DOB:	
Street Address:	City, State:	Zip:
Cell Phone:	Is it ok to send/receive text messages?	
Home Phone:	Email:	

### IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME:	PRIMARY PHONE:
RELATIONSHIP:	SECONDARY PHONE:

**MAY WE ADD YOU TO OUR MAILING LIST TO KEEP YOU UPDATED ON CROSSFIT WARRENTON FUNCTIONS? ( YES / NO )**

## Health History

- yes no    1.    Are you allergic to any medications?  
     If yes, please list:  
 \_\_\_\_\_  
 \_\_\_\_\_
2.    When was your last physical exam with a physician?  
 \_\_\_\_\_
- yes no    3.    **Women only:** Are you pregnant?  
     If yes, how many months pregnant are you? \_\_\_\_\_ months

Please check whether or not you have experienced (or are currently experiencing) the conditions below. If you check yes, please explain in the space provided.

### Existing Conditions

- yes no    Known heart condition (heart attack, etc.) \_\_\_\_\_
- yes no    Asthma or other lung/airway disorder \_\_\_\_\_
- yes no    Epilepsy or other seizure disorder \_\_\_\_\_
- yes no    Surgery within the last year \_\_\_\_\_
- yes no    Any other diagnosed disease or condition \_\_\_\_\_

## Major Coronary Risk Factors

yes no Does anyone in your immediate family (parents or siblings) have a **history of heart disease** before the age of 45 (men) or 55 (women)?

yes no Have you smoked within the last two years? **If yes**, describe your **smoking history** including how much you currently smoke. \_\_\_\_\_

yes no **High cholesterol** (200 total or on medication) or **HDL < 35mg/DL** (if you've had HDL measured).

yes no **High blood pressure** ( $\geq 140/90$  or medicated).

yes no **Diabetes** **If yes**, do you take insulin? \_\_\_\_\_

## Orthopedic History

Please describe any past or current musculoskeletal conditions you have incurred (i.e., muscle pulls, sprains, fractures, surgery, back pain, arthritis or any other general discomfort).

	Condition	Date of Injury	Current Implications
Head/Neck			
Shoulder/Clavicle			
Arm/Elbow/Wrist/Hand			
Back			
Hip/Pelvis			
Knees			
Lower Leg/Ankle/Foot			

## WAIVER AND RELEASE OF LIABILITY

EXPRESS ASSUMPTION OF RISK: I, THE UNDERSIGNED, 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 OF DEATH DUE TO 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. 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 CONDUCTED BY CROSSFIT WARRENTON. I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE NO PHYSICAL IMPAIRMENTS OR ILLNESSES THAT WILL ENDANGER MYSELF, OR OTHERS.

INITIALS: \_\_\_\_\_

**RELEASE:** 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 AT CROSSFIT WARRENTON. I, THE UNDERSIGNED HEREBY RELEASE CROSSFIT WARRENTON, THEIR PRINCIPALS, AGENTS, EMPLOYEES, 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 IN THIS ACTIVITY, 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 CROSSFIT 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.

**INDEMNIFICATION:** THE PARTICIPANT RECOGNIZES THAT THERE IS RISK INVOLVED IN THE TYPES OF ACTIVITIES OFFERED BY CROSSFIT WARRENTON. THEREFORE THE PARTICIPANT ACCEPTS FINANCIAL RESPONSIBILITY FOR ANY INJURY THAT THE PARTICIPANT MAY CAUSE EITHER TO HIM/HERSELF OR TO ANY OTHER PARTICIPANT DUE TO HIS/HER 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 CROSSFIT WARRENTON, 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 CROSSFIT WARRENTON.

I HAVE READ AND UNDERSTOOD THE FOREGOING ASSUMPTION OF RISK, AND RELEASE OF LIABILITY AND I UNDERSTAND THAT BY SIGNING IT OBLIGATES ME TO INDEMNIFY THAT PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY NEGLIGENT OR INTENTIONAL ACT OR OMISSION. I UNDERSTAND THAT BY SIGNING THIS FORM I AM WAIVING VALUABLE LEGAL RIGHTS.

SIGNATURE OF PARTICIPANT:	DATE:
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IF THE PARTICIPANT IS UNDER THE AGE OF 18,

SIGNATURE OF PARENT/GUARDIAN:	DATE:
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PRINTED NAME:	
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## **INTRODUCTION:**

WELCOME TO CROSSFIT WARRENTON. WE ARE EXCITED THAT YOU HAVE DECIDED TO START TRAINING WITH US, AND LOOK FORWARD TO HELPING YOU IN ACHIEVING EXCELLENT HEALTH AND FITNESS.

THIS INFORMATION IS DESIGNED TO PROVIDE YOU WITH ALL THE INFORMATION YOU NEED TO TAKE GREATER CONTROL OF YOUR LIFESTYLE. INCLUDED ARE IMPORTANT DETAILS ABOUT OUR PROGRAM AND POLICIES; PLEASE BE SURE TO READ THESE CAREFULLY. YOU WILL ALSO FIND INFORMATION ON HOW YOU CAN BOOST YOUR RESULTS.

REMEMBER: WORK HARD, STAY FOCUSED, ASK QUESTIONS AND HAVE FUN. THE RESULTS WILL COME.

WE KNOW YOU WILL HAVE FUN WHILE ACHIEVING YOUR GOALS.

## **WORLD CLASS FITNESS IN 100 WORDS:**

EAT MEAT AND VEGETABLES, NUTS AND SEEDS, SOME FRUIT, LITTLE STARCH AND NO SUGAR. KEEP INTAKE TO LEVELS THAT WILL SUPPORT EXERCISE BUT NOT BODY FAT.. PRACTICE AND TRAIN MAJOR LIFTS: DEADLIFT, CLEAN, SQUAT, PRESSES, C&J, AND SNATCH. SIMILARLY, MASTER THE BASICS OF GYMNASTICS: PULL-UPS, DIPS, ROPE CLIMB, PUSH-UPS, SIT-UPS, PRESSES TO HANDSTAND, PIROUETTES, FLIPS, SPLITS, AND HOLDS. BIKE, RUN, SWIM, ROW, ETC, HARD AND FAST. FIVE OR SIX DAYS PER WEEK MIX THESE ELEMENTS IN AS MANY COMBINATIONS AND PATTERNS AS CREATIVITY WILL ALLOW. ROUTINE IS THE ENEMY. KEEP WORKOUTS SHORT AND INTENSE. REGULARLY LEARN AND PLAY NEW SPORTS.

## **CROSSFIT INFORMATION AND POLICIES:**

### **THE APPROACH:**

TRAINING WILL INVOLVE EXERCISES THAT MIMIC MOVEMENTS FOUND IN EVERYDAY LIFE. THIS MEANS THAT YOU WILL NOT ONLY FIND IMPROVEMENTS IN HOW YOU LOOK, FEEL, BUT ALSO IN THE PERFORMANCE OF YOUR EVERYDAY ACTIVITIES. WE HAVE A BROAD APPROACH TO FITNESS AND CAN PROVIDE YOU WITH ADVICE ON YOUR LIFESTYLE, NUTRITION, AND WELL-BEING.

### **PAYMENT:**

PAYMENTS MUST BE PAID ON, OR BEFORE, THE 1<sup>ST</sup> OF EACH MONTH TO AVOID A \$15 LATE FEE. YOU CAN PAY IN-FULL WITH CHECK OR CASH IF YOU SIGN UP FOR A 6 MONTH OR 12 MONTH CONTRACT, OTHERWISE, THE CREDIT CARD PROVIDED WILL BE CHARGED THE 1<sup>ST</sup> OF EACH MONTH. BOTH CROSSFIT WARRENTON'S GYM LOCATIONS (AMISSVILLE AND WARRENTON FACILITIES) HAVE DIFFERENT PRICE STRUCTURES, SO BASED ON WHICH YOU SIGN UP FOR WILL DETERMINE YOUR PAYMENT. YOU HAVE THE OPTION TO PAY AN ADDITIONAL \$30/MONTH TO HAVE ACCESS TO BOTH LOCATIONS.

### **CANCELLATIONS: (APPLIES TO ONE ON ONE SESSIONS ONLY)**

YOU ARE RESPONSIBLE FOR CONTACTING YOUR TRAINER A FULL 24HRS IN ADVANCE OF THE TRAINING SESSION TO RESCHEDULE AT NO CHARGE. IF YOU FAIL TO CANCEL WITHIN 24HRS, YOU WILL BE CHARGED FOR THAT SESSION AT REGULAR PRICE.

### **TARDINESS:**

PLEASE COME TO TRAINING SESSIONS AND GROUP CLASSES ON TIME. WE WILL PERFORM SOME WARM-UP DRILLS PRIOR TO THE SESSION, IF YOU FEEL YOU NEED MORE TIME WARMING UP, YOU MAY WANT TO ARRIVE EARLIER TO DO SO. THE TRAINING SESSION WILL BEGIN ON TIME REGARDLESS IF YOU ARE THERE OR NOT AND WILL NOT GO PAST THE SPECIFIED TIME. IF YOU ARE GOING TO BE LATE, DUE TO AN UNFORESEEN EVENT, PLEASE NOTIFY US IMMEDIATELY AND WE SHALL DO ALL THAT WE CAN TO ACCOMMODATE YOU.

## **WORKOUT INFO:**

### **FORMAT:**

WE WILL START EACH WORKOUT WITH A GROUP WARM-UP THAT IS POSTED ON THE WHITEBOARD. THIS WILL LAST ANYWHERE FROM 5-15 MINUTES DEPENDING ON THE WOD FOR THE DAY. AFTER THE WARM-UP WE WILL GO OVER THE MOVEMENTS THAT ARE INVOLVED IN THE “WORKOUT OF THE DAY” (WOD) FOLLOWED BY THE WOD ITSELF. AFTER THE WOD YOU WILL HAVE TIME TO RECOVER AND WE WILL GO OVER ANY SKILLS THAT YOU MAY WANT TO WORK ON AS WELL AS SOME ISOLATED CORE STRENGTHENING MOVEMENTS. YOU ARE FREE TO LEAVE THE CLASS BEFORE THE END OF THE HOUR BUT YOU WILL NOT BE RECEIVING THE FULL BENEFITS OF EACH CLASS.

### **BEFORE A WORKOUT:**

YOU SHOULD TRY TO COME TO THE WORKOUT HYDRATED AND READY TO GO. MAKE SURE YOU ARE DRINKING WATER BEFORE AND DURING THE WORKOUT. YOU SHOULD ALSO HAVE ENERGY FOR THE WORKOUT, SO MAKE SURE YOU HAVE EATEN NO LATER THAN 90MIN PRIOR TO THE START OF THE WOD. KEEP IT TO SOMETHING THAT IS EASILY DIGESTIBLE AND THAT WILL GIVE YOU SOME “GO” FOR THE WORKOUT.

### **THE WORKOUT:**

WEAR COMFORTABLE CLOTHING THAT WILL ALLOW FOR EASY MOVEMENT AND BRING A WATER BOTTLE SO YOU CAN GRAB A DRINK IN YOUR WORKOUT. THESE WORKOUTS WILL TEST YOUR LIMITS, AND AT TIMES CHALLENGE YOUR ABILITIES. KEEP FOCUSED AND LISTEN TO THE TRAINERS’ “CUES” FOR YOUR SAFETY AND CORRECT FORM.

### **AFTER THE WORKOUT:**

YOU MAY FEEL TIRED FOR A SHORT PERIOD AFTER THE WORKOUT BUT IT SHOULD GO AWAY. MUSCLES AND JOINTS MAY FEEL STIFF AND A BIT SORE AND IS JUST YOUR BODY’S WAY OF ADJUSTING TO THE STRESSES PLACED ON IT. AS LONG AS IT IS DISCOMFORT AND NOT PAIN YOU ARE OKAY. IF AT ANY TIME YOU FEEL “UNWELL” AFTER THE WORKOUT, TAKE TIME TO RELAX AND ASSESS YOUR PHYSICAL STATE. IN MOST CASES THINGS WILL PASS QUICKLY BUT IF YOU HAVE ANY CONCERNS CONTACT US IMMEDIATELY.

## **RHABDOMYOLYSIS: WARNING**

RHABDO (FOR SHORT) IS THE BREAKDOWN OF MUSCLE FIBERS RESULTING IN THE RELEASE OF MUSCLE FIBER CONTENTS INTO THE CIRCULATORY SYSTEM. SOME OF THESE ARE TOXIC TO THE KIDNEY AND FREQUENTLY RESULT IN KIDNEY DAMAGE.

RHABDO HAS A NUMBER OF CAUSES FOR OUR PURPOSES IT IS IMPORTANT TO UNDERSTANDING THAT EXCESSIVE EXERTION THROUGH INTENSE EXERCISE IS A RISK FACTOR. THIS FORM OF RHABDO IS CALLED EXERTIONAL RHABDOMYOLYSIS AND IS MANIFESTED BY MUSCLE

WEAKNESS, SWELLING, AND PAIN; DARK URINE; AND INCREASED LEVELS OF MUSCLE PROTEINS AND OTHER CELLULAR CONTENTS IN THE BLOOD.

THIS INFORMATION IS NOT INCLUDED TO SCARE YOU AWAY FROM STRENUOUS ACTIVITY. WE STILL BELIEVE THAT HIGH INTENSITY EXERCISE IS THE MOST EFFECTIVE WAY TO ACHIEVE LASTING, ELITE HEALTH AND FITNESS. WE INCLUDE THIS INFORMATION FOR YOUR SAFETY. IT IS IMPORTANT THAT YOU FULLY UNDERSTAND THE RISKS INVOLVED IN YOUR TRAINING. IT IS IMPORTANT TO KNOW THAT WE HAVE NEVER HAD A CLIENT SUFFER FROM RHABDO.

ARMED WITH THIS KNOWLEDGE WE EXPECT YOU TO TAKE CARE OF YOURSELF DURING YOUR WORKOUT. LISTEN TO YOUR BODY, ESPECIALLY DURING THE INITIAL TRAINING SESSIONS, AND ACT ACCORDINGLY. HOWEVER, DO NOT MAKE THE MISTAKE OF OVERREACTING. YOU WILL SOON UNDERSTAND YOUR LIMITS AND HOW TO TEST THEM.

HERE ARE A FEW IMPORTANT POINTS TO CONSIDER:

1. DRINK PLENTY OF FLUIDS
2. NEVER USE DIURETICS PRIOR TO STRENUOUS EXERCISE
3. NEVER EXERCISE IF YOU ARE FEELING ILL OR HAVE A FEVER
4. IF YOU FEEL DIZZY OR DISORIENTED DURING EXERCISE, ESPECIALLY IF AMBIENT TEMPERATURES ARE WARM AND SWEATING IS PROFUSE, IMMEDIATELY STOP AND REST
5. IF YOU EXPERIENCE DARK URINE ON THE DAY OR TWO AFTER PERFORMANCE OF A STRENUOUS, NOVEL EXERCISE, CONSULT YOUR PHYSICIAN IMMEDIATELY

SIGNS AND SYMPTOMS:

THE SIGNS AND SYMPTOMS OF RHABDO INCLUDE SWELLING IN THE AFFECTED MUSCLES, MUSCLE PAIN, PERSISTENT MUSCLE WEAKNESS, AND DARK URINE. THESE CAN APPEAR SHORTLY AFTER THE DAMAGING EXERCISE AND CAN PERSIST FOR WEEKS. IF THE EXERTION OCCURRED IN HOT HUMID WEATHER WITH LIMITED FLUIDS OR ANY OF THE OTHER FACTORS LISTED ABOVE DRINK PLENTY OF FLUIDS AND SEE A DOCTOR.

FURTHER READING:

WE RECOMMEND READING THESE ARTICLES FOR MORE INFORMATION:

[WWW.CROSSFIT.COM/JOURNAL/LIBRARY/38\\_05\\_CF\\_RHABDO.PDF](http://WWW.CROSSFIT.COM/JOURNAL/LIBRARY/38_05_CF_RHABDO.PDF)

[HTTP://EN.EIKIPEDIA.ORG/WIKI/RHABDOMYLOYSIS](http://EN.EIKIPEDIA.ORG/WIKI/RHABDOMYLOYSIS)

## **LET'S HAVE SOME FUN:**

AGAIN, WE ARE EXCITED TO HAVE YOU AND LOOK FORWARD TO HELPING YOU ACHIEVE YOUR FITNESS AND LIFESTYLE GOALS. CROSSFIT WARRENTON IS DESIGNED TO PROVIDE YOU WITH AN EXCELLENT FOUNDATION TO START YOUR JOURNEY OF FITNESS. WE ALSO WANT TO PROVIDE YOU WITH A SUPPORTIVE COMMUNITY OF FELLOW CROSSFITTER'S, WHO ARE ON THE SAME PATH AS YOU, SO IF YOU HAVE ANY FRIENDS BRING THEM OUR AND INTRODUCE THEM TO CROSSFIT WARRENTON.

