



2017 MFSR STRONGMAN/STRONG WOMAN COMPETITION

Saturday 1st April 2017

Main Oval 11am - 1pm

Entries Open: 21st February 2017

Earlybird Entries Close: 23rd March 2017

Can you flip a tyre and use a hammer? Do you have what it takes to be crowned the Strongman/Strongwoman of our Festival? This year you can enter our contest and show us your guns, bringing out your true blue Aussie skills and taking fitness back to how we use to build our strength, the old way. If you think you have what it takes, we want you to join in the fun and test your fitness.

Each participant will be required to complete a obstacle for time, the top 5 best times will go into a final where you will compete to be crowned The strongman/Strongwoman of The Man From Snowy River Festival 2107.

All participants must complete a Waiver prior to commencing, entrants must be over the age of 18.

Cost: \$5 Early bird Entry *Closes 22nd March 2017*
\$10 on the day

SECTION 1 - COMPETITOR DETAILS

| | |
|------------------|--|
| Competitor Names | |
| Address | |
| | |
| Phone number | |
| Email address | |

SECTION 2 - PAYMENT OPTION

*****Entry form will not be accepted if payment is not made with this document*****

1. Direct Deposit

Account Name: Commitment Fitness/R T Paton

BSB: 063670

Account number: 10066821

Reference: Your Name & MFSR

Once a deposit has been made, please send/email details to:

rebecca@commitmentfitness.com.au

PRE EXERCISE SCREENING

Name: _____ DOB: ___/___/___ Age: _____ Sex: M / F

Email Address: _____ Ph: _____

Postal Address: _____

Occupation: _____ Have you used a gym before? Y / N

Emergency Contact Name: _____ Ph: _____

Part A: Medical Considerations

It is my professional duty of care to ask all participants, no matter what age, to complete the following questions: (Simply place a Y or N next to the Questions)

- Has a family member under 60 suffered from heart disease, stroke, raised cholesterol or sudden death? ___
- Are you a male over 35 or female over 45 and NOT used to regular vigorous exercise? ___
- Are you on any prescribed medication? ___
- Have you been hospitalised recently? ___
- Are you pregnant? ___
- Have you given birth in the last 6 weeks? ___
- Do you have any infections or infectious diseases? ___

Do you have or have you had:

Gout ___ Glandular Fever ___ Any Heart condition ___ Stroke ___ Rheumatic Fever ___ Heart Murmur ___ Dizziness or Fainting ___ High Blood Pressure (over 140/90) ___ Diabetes ___ Epilepsy ___

Raised Cholesterol/Triglycerides ___ Arthritis ___ Hernia ___ Chest Palpitations / Pains ___ Muscular Pain ___ Asthma ___ Stomach/Duodenal Ulcer ___ Cramps ___ Liver or Kidney Condition ___

Do you have any Pain or Major Injuries in the following areas:

Neck ___ Knees ___ Back ___ Ankles ___

Please give details of any conditions:

_____ If you have ticked any of the above, you need a signed medical clearance from your doctor before starting exercise.

Doctor's clearance: _____ Date: ___/___/___

Or: I warrant that I am physically and mentally well enough to proceed with usage of the facility.

Clients self clearance of the above conditions: _____ Date: ___/___/___

Part B: Lifestyle and current exercise habits

Are you currently exercising regularly? Yes ___ No ___

• If yes, please give details below:

• Type of exercise:

Frequency of exercise (times per week): 1 _ 2 - 3 _ 3 - 4 _ 5+ _ Perceived intensity when exercising: Hard _ Medium _ Light _ V Light _

• Do you smoke? Yes _ No _ If yes, how many per day? 1 - 5 _ 6 - 10 _ 11 - 15 _ 16 - 20 _ 21 - 25 _ 25+ _

Are you allergic to anything? _____

Part C. Please (✓) what you hope to achieve

To reduce body fat ___ To generally tone up ___ To improve aerobic capacity (heart/lung fitness) ___

To gain strength ___ To gain some muscle definition ___ To gain overall fitness ___

Other _____

Additional information:

Please read the following statement carefully.

I recognise that the instructor is not able to provide me with medical advice with regard to my fitness, and that this information is used as a guideline to the limitations of my ability to exercise. I have answered questions to the best of my ability and understand the advice above.

Signed: _____ Date: ___/___/___

WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

I _____ being the parent or guardian of the person named in this acknowledgment and release

HEREBY ACKNOWLEDGE AND AGREE:

- I have read the whole document and understand it.
- I consent to the person named in this acknowledge and release participating in the activity and
- I am aware of the risks, dangers and obligations set out in this acknowledgment and release.

IN CONSIDERATION of the person named in this Acknowledgment and Release being accepted to participate in the activity I AGREE TO RELEASE AND INDEMNIFY the Fitness Centre Operator in the same manner and to the same effect as if I were the person first named in this Acknowledgment and Release and the person participating in the activity.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ___/___/___

I Hereby authorise Commitment Fitness & The Man From Snowy River Bush Festival to use any photos/video taken in any media advertising from this event, by signing below you agree to do so

NAME: Signature..... Date:/...../.....

RETURNING YOUR ENTRY FORM

Mail:
Commitment Fitness
ATT: Rebecca Paton

6 Boundary Road, Corryong VIC 3707

Email:
rebecca@commitmentfitness.com.au

**For more information, please contact Rebecca on
0416086557**

OFFICE USE ONLY

Date received:

Amount Paid:

Payment received by:
