



Kangatraining

Given Name: _____ Surname: _____ Pronoun: _____

Date of Birth: _____ Address: _____

City: _____ Postcode: _____ Phone number: _____

E-mail Address: _____

Baby/Child's Name: _____ Date of Birth: _____

Emergency contact person name: _____ Number: _____

How did you hear about Kangatraining?

Health Professional Kangatraining Facebook Friend Facebook

Google Other (please provide detail): _____

AIM: the following questions are used to identify individuals with a known medical condition, or signs or symptoms of a medical condition, who may be at a risk of an adverse event during physical exercise. It does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No responsibility whatsoever can be accepted by, Kangatraining North America or _____ for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

- | | | |
|--|------------|----------|
| 1. Are you pregnant? | YES | NO |
| 2. Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke? | 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 last 12 months? If so, do you have a current action management plan? | YES
YES | NO
NO |
| 5. Do you have diabetes (type one or type two)? If yes, have you had trouble controlling your blood glucose in the last three months? | YES | NO |

IF YOU ANSWERED YES to any of the questions (or no to part two of question 4) you MUST obtain written medical clearance from an allied health professional prior to exercise.

Most recent type of birth (circle): Vaginal Caesarean Assisted

Have you had your 6-week postnatal check-up?	YES	NO
Have you been cleared to exercise by your physician or Midwife?	YES	NO
Are you currently taking any medication?	YES	NO

If so please list:



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Please tick if you suffer from or have suffered from any of the following:

- Symphysis Pubis Dysfunction (pain in the central pubic area)
- Carpal Tunnel Syndrome (wrist/finger/hand/forearm pain and/or numbness and/or tingling)
- Upper back/neck/shoulder pain
Details: _____
- Incontinence
 - Do you leak when you cough, sneeze or need to urinate? _____
 - Do you feel any vaginal heaviness/dragging/bulging? _____
 - Have you seen a medical professional for these symptoms? _____
- Varicose veins
- Gestational diabetes
- Joint pain
Details: _____
- Muscle pain
Details: _____
- Sacrum or sacroiliac joint pain
- Knee pain (side, front or back)
- Coccyx damage or pain
- Prolapse (uterine, bladder, rectum, vagina)
Details (inc if you are seeing a health professional) _____
- Episiotomy cut, painful Perineum or pain _____
- Caesarean wound discomfort or ongoing numbness _____
- Buttocks/sciatica/ Piriformis pain
- Bleeding during or after exercise
- Separation of your abdominal muscles|
- Breast health/ Mastitis within the last 3 months
- Nerve damage sustained from birth
- Anemia or taking iron medication
- High blood pressure
- High cholesterol
- High blood sugar levels
- Any muscle, bone or joint pain or soreness that is made worse by particular types of activities

If you have ticked any of the above conditions, it is recommended you seek guidance from your health care practitioner prior to undertaking physical activity

Does your baby have any medical conditions we should be aware of? If so, Please specify:

Does your baby suffer from Hip Dysplasia?	YES	NO
Does your baby have any contraindications to being in a baby carrier?	YES	NO
Do you own a baby carrier? If yes, what type will you be bringing? _____		
Have you experienced any problems using a baby carrier? If so, please explain _____		
Is there anything else you believe your Kangatrainer should be aware of?		

KangaTrail/Kangatraining/KangaMix/KangaOnWheels

Do you have any of the following (tick all that apply):

- Allergies to grass/pollen/pollution _____
- Reactions to insect bites
- Heat exhaustion/ stroke
- Anxiety about exercising in public



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CONSENT AND WAIVER

Kangatraining/ PreKanga/ KangaBurn/ KangaOnWheels/ KangaMix/ KangaTrail (the “Activities”)

In consideration of my participation in the Activities or any part thereof, I, the undersigned, hereby confirm that:

1. I understand and acknowledge that the Activities may expose me and/or my child to inherent risks including, but not limited to, accidents, injury, illness and death.
2. I acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with my own, or my child’s, participation in the Activities. I have no reason to believe that my physical condition, or the physical condition of my child, is incompatible with participating in the Activities. I confirm that if I am pregnant, I have received written consent from my doctor that I am able to participate in the Activities. I confirm that where I have hired a baby carrier, that my child does not exceed the manufacturer’s recommended weight for that carrier.
3. I affirm and acknowledge that I have been fully informed of the inherent risk of injuries, dangers, and hazards associated with participation in the Activities. I hereby assume all such risk of injuries, dangers, and hazards associated with participation in the Activities, including, but not limited to, falls, contact with other participants, use and hire of baby carriers, the effects of weather including heat and/or humidity, my own negligence or the negligence of others, and loss of balance or physical coordination.
4. I hereby waive any and all claims or actions I or my child have or may have in the future against Kangatraining and _____, their owners, principals, employees, contractors, agents and volunteers (the “Releasees”) AND HEREBY RELEASE the Releasees from any and all liability, claims, or actions for any loss, damage, expense, injury, illness or death that I or my child may suffer as a direct or indirect result of or related to in any way my participation in the Activities.
5. I agree to indemnify and hold harmless the Releasees from any and all liability for any loss, damage, expense, injury, illness or death to any third party resulting from my and my child’s participation in the Activities.
6. I agree this release and indemnity shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.
7. This Consent and Waiver and any rights, duties and obligations as between the parties to this Consent and Waiver shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia.

By signing this Consent and Waiver, I acknowledge that I have read and understood its content and important consequences and I agree to be bound by its terms. I further acknowledge that I sign this Consent and Waiver voluntarily and that I am at least nineteen years of age.

Name (printed)	Signature	Date
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I understand that the Activities may be filmed, photographed, or recorded and by signing below I agree to allow any photos, videos, or other likeness of myself or my child to be used for promotional and publicity purposes by the Releasees.

Name (printed)	Signature	Date
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