



2019 MFSR STRONGMAN / STRONGWOMAN COMPETITION

SATURDAY 6TH APRIL 2019 | 9.30AM-1.00PM



ENTRIES:

\$20.00

Entries open Monday 14th January 2019

EVENT INFORMATION:

Can you flip a tyre and use a hammer? Do you have what it takes to be crowned the Strongman / Strongwoman of our Festival? Enter to show us your guns, bringing out your true blue Aussie skills and taking fitness back to how we used 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 an obstacle for time with the top 5 best times going into a final where you will compete to be crowned the Strongman or Strongwoman of the Man From Snowy River Bush Festival 2019.

All participants must complete a waiver prior to commencing and must be over the age of 18.

ENTRANT DETAILS:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PAYMENT DETAILS:

ACCOUNT NAME: Commitment Fitness / R T Paton

BSB: 063 670 ACCOUNT NUMBER: 1006 6821

REFERENCE: Your surname & MFSR (eg Martin, MFSR)

Once a deposit has been made, please email remittance details to
rebecca@commitmentfitness.com.au

RETURNING YOUR ENTRY / MORE INFORMATION:

Commitment Fitness

Att: Rebecca Paton

6 Boundary Road, Corryong VIC 3707

rebecca@commitmentfitness.com.au

0416 086 557

OFFICE USE

Date received: _____

Amount Paid: _____

Payment received by: _____

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: ___/___/___

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:/...../.....