

GET FIT BOOT CAMP ENROLLMENT & WAIVER

Name: _____ Email: _____

Home Address: _____
(street) (city) (zip)

Phone: _____ (home) _____ (message)

Private Physician _____ Phone: _____

Emergency Contact: _____ Phone: _____

SECTION I: RISK ASSESSMENT

Have you ever had any form of heart disease? YES NO

Have you ever experienced shortness of breath or chest pains? YES NO

Date of last full physical: _____

Do you have or do any of the following pertain?
Please explain to the best of your ability.

Do you have any problems in the following areas?
Please explain to the best of your ability.

High Blood Pressure	YES NO Levels: _____	Knees	YES NO Explain: _____
High Cholesterol Level	YES NO Levels: _____	Low Back	YES NO Explain: _____
Cigarette smoking	YES NO How many per day? _____	Neck/Shoulder	YES NO Explain: _____
Smoked in Past	YES NO How long? _____	Hip/Pelvis	YES NO Explain: _____
Diabetes	YES NO Insulin dependent? _____	Flexibility	YES NO Explain: _____
Family History of Heart Disease	YES NO Who/Age? _____	Any other	YES NO Explain: _____
Abnormal Resting EKG	YES NO Explain: _____		
Are you Active	YES NO		

Activity or Exercise/Times per week/Minutes per session: _____

Are you currently taking any medication? YES NO Explain: _____

SECTION II: AGREEMENT

I, _____, (full name) agree to participate in an exercise program, specifically referred herein as "boot camp", with a certified fitness instructor. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Fit for Life, LLC.

I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder or heart rhythm, stroke, and very rare instances of heart attack or even death.

I agree to waive, release, remise and discharge Fit For Life, LLC, and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in exercise program. The undersigned hereby releases Fit For Life, LLC as well as waives any and all claims and understands and assumes any and all risk with participation in exercise program/boot camp.

I ALSO UNDERSTAND THAT NO REFUNDS WILL BE GIVEN

Dated: _____

Participant Signature

Instructor name

RELEASE OF PHOTOGRAPH: I hereby authorize FIT FOR LIFE, LLC to use any photographs of me on their website. Yes _____ No _____