

# BOOTCAMP FITNESS ENROLLMENT & WAIVER

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Home Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
(Zip) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext \_\_\_\_\_ (Fax) \_\_\_\_\_  
(Mobile/Pager) \_\_\_\_\_ DOB / / \_\_\_\_\_ Weight \_\_\_\_\_ Sex: M F \_\_\_\_\_  
Private Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Your Company \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
I was referred by \_\_\_\_\_  
I am enrolling in: \_\_\_\_\_

## SECTION I: RISK ASSESSMENT

Have you ever had any form of heart disease? YES NO  
Have you ever experienced shortness of breath or chest pain? YES NO  
Date of last full physical \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do you have or do any of the following pertain? Do you have any problems in the following areas?  
Please explain to the best of your ability. 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/Shoulders YES NO Explain: \_\_\_\_\_  
Smoked in Past YES NO How long? \_\_\_\_\_ Hips/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 Boot Camp Fitness with a certified Boot Camp 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 Boot Camp Fitness 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 of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Boot Camp Fitness LLC and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in Boot Camp Fitness classes or individual training sessions. The undersigned hereby releases Boot Camp Fitness, LLC as well as waives any and all claims and understands and assumes any and all risk with participation in Boot Camp Fitness LLC. \_\_\_\_\_ (INITIAL HERE)

\_\_\_\_\_  
Participant Signature (sign & print name) \_\_\_\_\_ Month, day, and year \_\_\_\_\_ Instructor (sign & print name)

\_\_\_\_\_  
Parent or Guardian Signature (if Participant is under the age of 21)

## SECTION III: PAYMENT OPTION CARD

I hereby authorize Bootcamp Fitness LLC to charge my credit card in the amount of \$ \_\_\_\_\_ on the 1st of each month for the program. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Participant signature (sign & print) \_\_\_\_\_ Month/Day/Year

Long term commitments are billed at the beginning of each month. Long term commitments must be completed in successive months. No refunds or credits issued. Bootcamp Fitness, LLC reserves the right to change pricing or cancel classes for any reason

## PURCHASER'S INFORMATION

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
CVV2 Value \_\_\_\_\_ Name as it appears on card \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_