



# BOOTCAMP Application

Name: \_\_\_\_\_ Session Date: \_\_\_\_\_

Current FLEX Member:    yes     no     Session Price: \_\_\_\_\_    Paid: yes     no

**BOOTCAMP** class time you plan to attend most often: \_\_\_\_\_ T-shirt Size: S M L XL XXL

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How many years at this weight? \_\_\_\_\_ What is your idea of your ideal weight? \_\_\_\_\_

Do you currently exercise? \_\_\_\_\_ If yes, times per week: \_\_\_\_\_

For what duration? \_\_\_\_\_ Type of exercise (ie strength, cardio, classes): \_\_\_\_\_

Do you enjoy exercising? \_\_\_\_\_ What are your fitness goals? \_\_\_\_\_

**Medical History:**    Physician: \_\_\_\_\_ Contact #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #: \_\_\_\_\_

Any immediate family with history of heart attach, stroke, or cardiovascular disease before age 55? \_\_\_\_\_

If yes, what relation? \_\_\_\_\_ Do you have Diabetes? \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Are you currently taking any over the counter medications or dietary supplements? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Any illness, hospitalization, or surgical procedure within the past 3 years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you been treated for any bone or joint problems? \_\_\_\_\_

Do you have a high cholesterol level? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How often? \_\_\_\_\_

Do you have asthma? \_\_\_\_\_ Exercise induced asthma? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Are you under a doctor's care for any reason? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge FLEX Group Fitness, LLC and its agents, employees, officers, directors, affiliates, successors and assigns, coaches, teachers and trustees of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, FLEX Group Fitness, LLC, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities, in which I or my children will participate, are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns, administrators, executors and next of kin, I waive all claims for damages, injuries and death sustained to me, my children, or my property, that I may have against the aforementioned released party to such activity, including claims in tort, contract, equity or otherwise.

I acknowledge, agree, and represent that I understand the nature of intense physical training and highly aerobic exercise activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury; death or damage to personal property associated with FLEX Group Fitness, LLC, including but not limited to using the facility and its equipment in any manner, form or fashion, and practicing and/or engaging in any aerobic activity or action sports activities, events or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of FLEX Group Fitness, LLC, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

I authorize FLEX Group Fitness and its instructors to use my photograph for advertising or distribution without monetary reimbursement. In addition, I agree to share my mobile phone number and/or email with other BOOTCAMP participants for the purpose of coordinating events and class changes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**\*\*Please arrive on time to each and every class. Bring a set of dumb bells, a mat, and water to every class. We look forward to walking along side on this journey! Welcome to **BOOTCAMP !****