

BOOTCAMP REGISTRATION FORM

Name.....Date.....

Address.....

DOB.....Email.....

I am registering for: (please insert month/s – max 3 months)

.....

Telephone H)..... W)..... M).....

Emergency Contact.....Relationship.....

Telephone H)..... W)..... M).....

Medical Conditions (past or present).....

Conditions of Engagement (please confirm with tick):

- I understand that I am required to attend 3 / 2 sessions per week for 4 / 8 weeks and commit to give 100% at each session.
- I agree that Bill's Fitness Boot Camps has advised me that this is a rigorous fitness program and I accept total responsibility for participation in all exercises.
- I understand that Bill Calhoun is not a physician and any information given in regards to a medical condition, including injury is to be used as a guide only and should be followed up with my doctor.
- I understand that if I feel pain or feel out of the ordinary in any way either related to my training, or otherwise, that I should advise Bill Calhoun immediately.
- I understand that diet and nutrition will affect my fitness goals and performance during boot camp. I choose to commit to eating well and exercising outside of boot camp hours.
- I understand that photos may be taken during the course of my involvement in Boot Camp, which may be used for promotional purposes.
- I understand there is no refund once I commence the 4 week program.
- I understand that Bill's Fitness Boot Camps reserves the right to change the program format and accepts no responsibility for participant's health, safety, injuries or loss during the duration of the 4 week program.

I herewith agree to fully indemnify Bill Calhoun, Bill's Fitness Boot Camps, and any subsidiaries, affiliates, employees, agents and any other persons affiliated with Bill's Fitness Boot Camps. I acknowledge that I am fit and able to commence training and have been advised by Bill Calhoun that I should consult with my Doctor before commencement of the BOOT CAMP Program. Activities conducted by Bill's Fitness Boot Camps are undertaken at my own risk.

SignedDate.....

BILL'S BOOT CAMP MEDICAL CONSENT FORM

Please read and sign the following:

I _____ of _____

understand that there exists the possibility that certain abnormal changes and risks may occur during training or testing sessions. I understand that I am responsible for monitoring my own condition throughout the tests and training sessions, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Efforts will be made to minimize these occurrences by preliminary screening and precautions and observations during the testing or training. I understand and accept that the possibility may and does exist that accidental or unavoidable discomfort or injury may occur. In the event that a medical clearance is required, I understand that it is my responsibility to ensure this clearance is obtained. Without a clearance I understand that Bill's Fitness Boot Camps may decide no further training of myself can take place until this medical clearance is obtained. I understand that this clearance will be treated as privileged and confidential, as will all other personal details and that these will not be released or revealed without my express written consent.

I understand and agree that in the event of injury or illness, whilst in attendance at a Bill's Fitness Boot Camps, I give my permission for a representative of Bill's Fitness Boot Camps to make decisions on my behalf concerning the most appropriate action to be taken with respect to my condition. In signing this form, I affirm that I have read it in its entirety and that all my questions regarding the testing and proposed exercise regime have been answered to my satisfaction. My participation is totally voluntary; I know that I can discontinue my participation at any time without penalty. I agree to assume the risk of such testing and exercise, and further agree to hold harmless Bill's Fitness Boot Camps its subsidiaries, affiliates, employees, agents and any other persons associated from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise arising in any way from the testing or exercise regime.

If you have / had any medical condition and/or are above 35 years of age – do you have medical clearance to undertake regular and reasonable exercise?

Tick and sign appropriate box

YES _____

If you tick and sign NO you acknowledge that we advise you to obtain suitable medical clearance

NO _____

(Bill's Fitness Boot Camps)

BILL'S BOOTCAMP'S HEALTH AND MEDICAL DISCLAIMER

Always consult your doctor before making any changes to your diet or nutrition program. The use of diet and nutrition to control metabolic disorders and disease is a very complicated science, and is not the purpose of this program. The purpose of this program is to help healthy people reach their cosmetic fitness goals (gaining muscle and losing fat) by educating them in proper nutrition and exercise guidelines.

No health claims are made for this program. This nutrition and exercise program will not help cure, heal, or correct any illness, metabolic disorder, or medical condition. The instructors are not medical doctors, registered dietitians, or clinical nutritionists; the instructors are fitness and nutrition consultants.

If you have diabetes, chronic hypertension, high blood cholesterol, cardiovascular disease, or any other medical condition or metabolic disorder requiring special nutritional considerations, we suggest you consult a health care professional with a clinical nutrition background (MD, RD, or CCN) for your special nutrition program.

If you have been sedentary and are unaccustomed to vigorous exercise, and/or if you have any orthopedic problems, you should obtain your physician's clearance before beginning an exercise program. The American College of Sports Medicine (ACSM) recommends that apparently healthy individuals who are male and over 40 or female and over 50 to have both a physical exam and a diagnostic exercise test prior to starting a vigorous exercise program. A diagnostic exercise test and physical examination is also recommended in individuals of any age who exhibit two or more of the major coronary risk factors (smoking, family history of heart disease, elevated blood cholesterol, elevated blood pressure, and diabetes). Any individual with a known history of heart disease or other heart problems should be required to have a medical evaluation including a graded exercise test before engaging in strenuous physical activity.

The instructors or business proprietors shall have neither liability nor responsibility to any person or entity with respect to any of the information taught or shared in these classes. The user assumes all risk for any injury, loss or damage caused or alleged to be caused, directly or indirectly by using any information described or taught in this course.

