

PERSONAL INFORMATION



Name: _____

Date of Birth: ____/____/____ Age: ____ Male: ____ Female: ____

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: _____ Email: _____

Occupation: _____

BOOT CAMP PRICING

IMPORTANT NOTES:

- Stafford Boot Camp requires you to wear Boot Camp T-shirts to all classes.
- You must provide your own exercise mat due to sanitary concerns.

STAFFORD BOOT CAMP General Public - 6 week - Unlimited Classes - First T-Shirt included	\$135
Childcare option: available for 9:30am and 6pm classes - 6 Week Membership to Court House	\$ 35

COURT HOUSE MEMBER - 6 week - Unlimited Classes - First T-Shirt included	\$ 75
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T-SHIRT PRICING - 1st T-Shirt is included in the Program

-Stafford Boot Camp requires you to wear Boot Camp T-shirts to all classes.

___ 1 Additional T-shirt	\$ 15
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___ 2 Additional T-shirts	\$ 25
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___ 3 Additional T-shirts	\$ 33
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Sub Total \$ _____

PAYMENT TYPE (please check one)

___ Online Payment ___ Personal Check or Money Order ___ Credit or Debit Card ___ Cash
(all returned checks subject to \$20 fee)

Name on the card: _____

Billing Address if different than above: _____

City: _____ State: _____ Zip: _____

Please circle type of card

CC or Debt card # (VISA, MC, AX, Discover) _____ - _____ - _____ - _____

Exp Date: (ie 05/2010) _____ Security Code: _____

Sign to Authorize Charge: _____

Applicants Signature _____

Date _____

Stafford Peak Fitness and Training/Stafford Boot Camp (SPFT/SBC) reserves the right to cancel this program membership at anytime for any reason. No cash refunds of any kind. Further, SPFT from time to time may offer special programs, SPFT/SBC reserves the right to modify or cancel such a program without notice.

Guardian's Signature _____

Date _____

(Needed if participant is under the age of 18 years old)

OFFICE USE: Phone - Comp - Payment

STAFFORD Peak Fitness and Training/STAFFORD Boot Camp

Waiver and Release

This form is an important legal document. It explains the risks you are assuming by beginning an exercise or nutrition program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue

I have volunteered to participate in a program of physical exercise or nutritional counseling under the direction of STAFFORD Peak Fitness and Training/STAFFORD Boot Camp which will be referred to as SPFT/SBC for the remainder of the waiver, which will include, but may not be limited to, aerobic exercise, weight and/or resistance training, nutrition advice, and or nutritional product recommendations. In consideration of SPFT/SBC agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless SPFT/SBC, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program or nutrition program including and any injuries resulting therefrom.

I understand training sessions will be outside in the community and on trails and paths in public parks, local fitness facilities – THE COURT HOUSE ATHLETIC CLUB, and recreational and public areas. In addition, regardless of who provides the equipment to be used in connection with the workouts, including but not limited to dumbbells, exercise mats, resistance tubing, exercise machines, treadmills, TRX straps, exercise balls, jump ropes, agility ladders and similar items (the "Equipment"), I acknowledge and agree that (i) SPFT/SBC (or, if applicable, any independent contractor employed by SPFT/SBC) has NOT inspected the Equipment, and that (ii) I am solely responsible for the condition of the Equipment.

I hereby agree to hold SPFT/SBC, and their respective agents, assigns, employees, and contractors, harmless from any loss or damage resulting from or connected with any injury that I sustain as a result of any defect, latent or apparent, in the design or condition of the Equipment, and/or the condition of the area in which we work out, and I hereby assume any and all risks connected with the condition or design of the Equipment and the condition of such area.

I hereby assume any and all risks arising from or connected with any hazardous condition in the specific area in which the workouts are conducted or otherwise, that may result in my injury during any workout with SPFT/SBC or SPFT/SBC agents, employees, or contractors. I, and my heirs and assigns, hereby agree to hold SPFT/SBC, and their respective agents, assigns, employees and contractors harmless from any loss or damage resulting from or connected with any injury or death I might sustain as a result from, but not limited to, any act of god, animal attack, insect bite, contact with poisonous plants, fall, vehicular accident, dehydration, heat related illness or losing my way, which occurs during training sessions, workout competition, either organized by, in conjunction with, or at the suggestion of SPFT/SBC.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of (1) equipment that may malfunction or break; (2) any slip, fall, dropping of equipment; (3) any improper maintenance of equipment or workout area; (4) any hazardous condition that may exist in the specific workout area, my home, surrounding property, or Longview community; and (5) SPFT negligent instruction or supervision.

Visual/Audio Image Release

I grant permission to SPFT/SBC, its employees, and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions and testimonials. I agree that SPFT/SBC owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as SPFT/SBC web sites, publications, promotions, broadcasts, advertisements, posters and powerpoint presentations.

I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release SPFT/SBC and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

Text Message Opt In

I hereby give permission to be added to STAFFORD Peak Fitness and Training text message list. I understand that the text messages maybe used in events where a large groups of people need to immediately informed, Meeting Reminders, and other useful information relating to SPFT/SBC. At anytime I wish to be removed from the list all I have to do is text STOP.

Express Assumption of Risk

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by a physician should be obtained by ALL participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with SPFT/SBC, I hereby agree that I am doing so at my own risk.

I agree that before I participate in any workout with SPFT/SBC, I will inspect the related workout area and will immediately advise SPFT/SBC of any unsafe condition that I observe. I will refuse to participate in any workout until all unsafe conditions have been remedied. I agree to wear appropriate safety equipment, as established by industry standards and common safety practices during all workouts. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Any provisions found to be void or enforceable shall be severed from this agreement and not affect the validity or enforceability of any other provisions.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND UNDERSTAND THE WAIVER AND RELEASE, VIDEO/AUDIO RELEASE, TEXT MESSAGE OPT IN FORM, AND EXPRESS ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND ASSUMPTION OF RISK. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST SPFT/SBC OR THAT OF STAFFORD PEAK FITNESS AND TRAINING, EMPLOYEES, AGENTS, OR CONTRACTORS SUCH AS THE COURT HOUSE ATHLETIC CLUB.

Did someone refer you to Stafford Boot Camp
(List name in box above-please list only one name)

Participant's signature

Please Print Name

Date

Cell Phone Number



STAFFORD Peak Fitness and Training/STAFFORD Boot Camp

Par-Q and Health History

Please answer these questions listed below by circling YES or NO. If you answer a "YES" to any of these questions, you must provide us with a written medical clearance from your physician OR sign an "Express Assumption of Risk" form.

Has your doctor ever said that you have a heart condition and you should only do physical activity recommended by a doctor?
YES NO

Do you have any pain in your chest and/or heart when doing physical activity?
YES NO

Do you experience loss of consciousness or suffer from dizziness/fainting episodes?
YES NO

Has your doctor ever told you that you have a bone or joint problem that might be aggravated or made worse by an increase in physical activity?
YES NO

Are you currently taking medications for high blood pressure or for your heart?
YES NO

Are you over 65 and NOT used to vigorous and intense exercise?
YES NO

Is there any reason why you should not be able to begin a structured exercise program?
YES NO

Would you describe your lifestyle as sedentary?
YES NO

Emergency Contact Information:

Name: _____

Relationship to you : _____

Contact Number (HM): _____ CELL: _____

Primary Care Doctor

Name: _____

City/State: _____

Phone Number: _____

Health History:

Are you or have you ever been under a physician's care for the following conditions:

Angina/Chest Pain

Yes: _____ When: _____ No: _____

Abnormal Heart Beat

Yes: _____ When: _____ No: _____

Heart Attack

Yes: _____ When: _____ No: _____

Angioplasty

Yes: _____ When: _____ No: _____

Epilepsy

Yes: _____ When: _____ No: _____

Heart Surgery

Yes: _____ When: _____ No: _____

Stroke

Yes: _____ When: _____ No: _____

High blood pressure

Yes: _____ Medication: _____ No: _____

Diabetes

Yes: _____ Insulin: _____ No: _____

Asthma/Breathing

Yes: _____ Inhaler used: _____ No: _____

Do you smoke Yes: _____ How much: _____ No: _____

List any other medications NOT listed above:

Are there any other conditions or medical problems that may limit your physical activity?

