



BELIEVE YOU CAN BOOTCAMP & PERSONAL TRAIN



REGISTRATION

New:	Existing Member:
First Name:	Last Name:
M.I.	Birthdate: / / /
Email:	Address:
City:	Province:
Postal Code:	Home Number #: ()
Cell #: ()	Work #: ()

How did you hear about us? _____

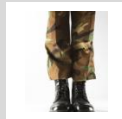
Emergency Contact Name: _____

Emergency Contact Number: _____

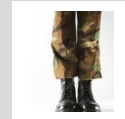
Relationship: _____

Medical (please list any allergies, illnesses or injury concerns):

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BOOTCAMP MEMBERSHIPS:



Drop in rate:	\$20.00
10 Sessions:	\$160.00
20 Sessions:	\$300.00
30 Sessions:	\$420.00
40 Sessions:	\$500.00

CONTRACT:

CONSUMER RIGHT OF CANCELLATIONS: You (the buyer) have 7 business days to cancel this contract. To cancel, phone or email us directly. I also acknowledge that I may cancel my membership free of any charges due to disability, severe or terminal illness with proof of a medical note from your doctor.

Members Initials: _____

PUNCTUALITY: It is imperative that everyone shows up to their schedule sessions on time. It is disruptive and unfair for other participants in your session to have to wait to begin. Please arrive at least five minutes before your session begins. Clients later than ten minutes will be refused to train at the bootcamp session. Due to the fact that these clients will have missed the warm-up, they will be at high risk for injury to jump right into the bootcamp training. Proper warm-up is essential!

Members Initials: _____

CANCELLATION: You may cancel your session with 24 hours notice. Please contact the instructor by phone or email if you are not able to attend your session to avoid losing your session. These scheduled times and dates are reserved for you. Holidays and vacation times need to be communicated in advance.

Members Initials: _____

You acknowledge that you have carefully read this waiver and release and fully understand that it is a **release of liability**. You expressly agree to release and discharge **the trainers, instructors and Believe You Can Bootcamp and Personal Training** from any and all claims or cause of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the **trainers, instructors, and Brenda's Bootcamp and Personal Training**, personal injury, death, or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, you acknowledge that there is no refund for any boot camp training. I also release any pictures taken by **trainers, instructors and Believe You Can Bootcamp and Personal Training** and will not be compensated, also they remain property of **the trainers, instructors and Believe You Can Bootcamp and Personal Training** and will be used for promotional uses only. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Members Initials: _____

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PHYSICIAN'S CLEARANCE FORM

On the Physical Activity Readiness Questionnaire you just completed, you either indicated that you were at least 70 years old or you identified that you have one or more medical risk factors, which may impair your ability to exercise safely. Therefore, you must have a physician complete and return this medical clearance form before you can begin/continue exercising with **Brenda's Bootcamp and Personal Training**.

We recognize that you are eager to participate in a fitness program, however, please keep in mind that I want your exercise experience with **Believe You Can Bootcamp and Personal Training** to be as safe as possible. For this reason, I have implemented this policy of requiring physician's clearance.

To Be Completed By Program Participant:

I hereby give my physician permission to release any pertinent medical information from any medical records to **Brenda's Bootcamp and Personal Training**. All information will be kept confidential.

Patients Signature: _____

Date: _____

Information requested for: _____

Reason for requesting medical clearance: _____

Physician's name: _____

Phone: _____

Fax#: _____

Address: _____

For Physician Use Only:

Please check one of the following statements:

I concur with my patient's participation with no restriction.

I concur with my patient's participation in an exercise program if he/she restricts activities to: _____

I do not concur with my patient's participation in an exercise program.
Reason: _____

Physician's name: _____

Physician's signature: _____

Date: _____

Please return completed form to **Brenda's Bootcamp and Personal Training**.

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Physical Activity Readiness Questionnaire (PAR-Q)

A Questionnaire for People Aged 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69

Common sense is your best guide when you answer these questions. Please read the question carefully and answer each one honestly by checking YES or NO.

Yes *No*

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity?

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If you answered “YES” to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness test. Tell you doctor about the PAR-Q and which questions you answered "yes".

You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advise.

If you answered NO to all questions:

If you answered "no" honestly to all of the PAR-Q questions, you can be reasonably sure that you can start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go. Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

If you are not feeling well because of a temporary illness such as cold or a fever – wait until you feel better; or if you are or may be pregnant – talk to your doctor before you start becoming more active. Please note: If your health changes so that you then answer “YES” to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q:

Believe You Can Bootcamp and Personal Training assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature: _____ Please Print _____

Date: _____

Signature of Parent Guardian _____

(For participants under the age of eighteen)

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CONSENT AND WAIVER

I wish to participate in the exercise and training program offered by Brenda's Bootcamp and Personal Training. I understand there are inherent risks in participating in a program of strenuous exercise. I agree that Believe You Can Bootcamp and Personal Training shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program and I expressly release and discharge Brenda's Bootcamp and Personal Training, it's owners, employees, agents and/or assigns, from all claims, actions judgments. I certify that the answers to the questions outlined on the PAR-Q form are true and completed to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand that I am not obliged to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel light headed, faint, dizzy, nauseated or experience pain/discomfort to inform Believe You Can Bootcamp and Personal Training and to discontinue exercise. I understand that the results of any fitness program cannot be guaranteed and that my progress depends on my effort and cooperation in and outside the sessions.

Dated:

Signature of participant: