CORE Boot Camp

**Participation Waiver**

 MEMBER PROFILE and RELEASE SHEET

 **\*PLEASE PRINT CLEARLY\***

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender ❑ M ❑ F

E-Mail Address (print clearly)

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY RELEASE:** I understand and am aware that strength, flexibility and aerobic exercise, including outdoor activity, fitness boot camps and the use of outdoor fitness boot camp equipment, is potentially hazardous to my health. I also understand that fitness activities involve a risk of injury and even death, and that I am participating in these activities and using the fitness boot camp equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease or illness that would prevent my participation or use of fitness boot camp equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of fitness boot camp equipment and machinery in my activities. I acknowledge and agree that I will only make use of the fitness boot camp equipment and machinery strictly in accordance with the instructions of my Physical Therapist/Personal Trainer. I hereby release GS - Fitness and CORE Boot Camp program, their respective officers, directors, governors, employees, members, and agents, and agree to indemnify and hold harmless GS-Fitness, and The CORE Boot Camp program, their respective officers, directors, governors, employees, members, and agents, from any claim for damages, loss, liability, cost or expense which it might suffer or for any other reason arising out of my use of the fitness boot camp equipment, machinery or facility.

**Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**