



## Registration Form

Please do not leave any blank areas in this form. You will not be charged until you have been contacted and confirmed.

### Six (6) Week Boot Camp-Dare To Be Fit Program

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mobile/Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Body Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Private Physician: \_\_\_\_\_

Private Physician Phone: \_\_\_\_\_

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

Emergency Contact Phone: \_\_\_\_\_

Your Company: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

Boot Camp Location: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

## **WAIVER OF LIABILITY AGREEMENT AND PHOTO RELEASE**

I, \_\_\_\_\_ (FULL NAME) agree to participate in **The Body Fitness Mechanics Boot Camp** with a **BFM** Fitness Trainer/instructor. I recognize that exercise is not without varying degrees of risk to the musculoskeletal and/or cardiorespiratory system. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by The Body Fitness Mechanics.

I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death.

I agree to waive, release, remise and discharge **The Body Fitness Mechanics**, and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in **BFM BOOT CAMP**. The undersigned hereby releases The Body Fitness Mechanics as well as waives any and all claims and understands and assumes any and all risk with participation in **BFM Boot Camp & other Fitness/Wellness Programs**.

### **NON-COMPETE/ NON DIS-CLOSURE**

As a client of **THE BODY FITNESS MECHANICS BOOT CAMP**, I will be receiving privileged trade secrets intended only for your educational, physical and mental enrichment. The **BFM Boot Camp** program or any other **BFM** workout or routine may NOT be reproduced, stored in a retrieval system, or transmitted, in any form or by any means electronic, mechanical, photocopying, and recording. I acknowledge that I am not an agent and do not work in a competitive or similar fitness or health field directly or indirectly and have no immediate intentions or future intentions of developing or aiding in the development of a similar type of fitness program(s). Should I decide to disclose/use this information, I agree that I will be held liable for all attorney fees and damages.

### **PHOTO RELEASE**

Various photos may be taken throughout the program for purposes of promoting **BFM Boot Camp and Other Programs**. These photos may be printed in newspapers, magazines, web-sites, television commercials and other forms of advertising media. I agree that these photos are the property of **BFM** and may be used at any time for promotional purposes. I consent to the use of my photograph or other likeness in the promotional and other materials without payment or other consideration made to me.

IN SIGNING THIS RELEASE I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent agree with the terms of this document and sign it as such (if under 18 years of age, please have parent or guardian sign) and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

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

**Print:** \_\_\_\_\_

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

Name: \_\_\_\_\_

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

**SECTION II: CARDIAC RISK ASSESSMENT**

Have you ever had any form of heart disease?: Yes No

Have you ever experienced shortness of breath or chest pains?: Yes No

Date of last full physical: \_\_\_\_\_ (MM/DD/YYYY)

Do you have or do any of the following pertain? Please explain to the best of your ability?

High Blood Pressure: Yes No

Levels: \_\_\_\_\_

High Cholesterol Level: Yes No

Levels: \_\_\_\_\_

Cigarette Smoking: Yes No

How many per day?: \_\_\_\_\_

Smoked in Past: Yes No

How long?: \_\_\_\_\_

Diabetes: Yes No

Insulin dependant?:

Family History of Heart Disease: Yes No

Who / Age?: \_\_\_\_\_

Abnormal Resting EKG: Yes No

Explain: \_\_\_\_\_

Are you active?: Yes No

Activity or Exercise: Yes No

Times per week: \_\_\_\_\_

Minutes per session: \_\_\_\_\_

Do you have any problems in the following areas?

Knee: Yes No

Explain: \_\_\_\_\_

Low Back: Yes No

Explain: \_\_\_\_\_

Neck/Shoulder: Yes No

Explain: \_\_\_\_\_

Hip/Pelvis: Yes No

Explain: \_\_\_\_\_

Flexibility: Yes No

Explain: \_\_\_\_\_

Other: Yes No

Explain: \_\_\_\_\_

Are you currently taking any medication?: Yes No

Explain: \_\_\_\_\_

\_\_\_\_\_

**SECTION III: EFT (Electronic Funds Transfer) AGREEMENT (v60101)**

All fees/dues are automatically payable before the 1st day of each boot camp. EFT authorization: I authorize **The Body Fitness Mechanics** to initiate debit entries to my credit card or my checking/savings account below and the credit card/banking institution below to debit the same to such account(s).

**Credit Card Type:** \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (MM/YY)

Name as it appears on Card: \_\_\_\_\_

**Bank Account:** \_\_\_ Checking \_\_\_ Savings

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Name as it appears on Account: \_\_\_\_\_

**Authorization**

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

**Print:** \_\_\_\_\_

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