



Informed Consent, Waiver, and Release Agreement

Please Sign and Date this form on the bottom of this page and initial where it is indicated. You will need to print this form and bring it with you on your first day of Bootcamp/class. *You will be not able to attend any classes until this form is complete.*

This waiver and release agreement is entered into between the undersigned and Stay Healthy Fitness Boot Camp, its instructors, officers, affiliates, and executors. The purpose of the Stay Healthy Fitness Boot Camp Program is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

1. Acknowledges that the instructor/s is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice.

INITIAL HERE_____

2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Stay Healthy Fitness Boot Camp does not guarantee good or bad results will occur, nor guarantees the training advice given by Stay Healthy Fitness Boot Camp or its instructors will produce good or bad results.

INITIAL HERE_____

3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.

INITIAL HERE_____

4. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events and activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop.

INITIAL HERE_____

Informed Consent/Release of Liability *Please read carefully*****

I admit knowingly and willingly that I have enrolled in a physical fitness program that includes, but is not limited to, running, jumping, stretching, strength training, and exercising in different locations in and around Roseville, CA, or anywhere the participant is exercising. In consideration of my entry and of my own free will, I (the undersigned) do hereby for myself and my heirs, executors, and administrators, waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injury to me or my wrongful death) against Stay Healthy Fitness Boot Camp, Stay Healthy Fitness Boot Camp instructors and any persons involved in the program and all of its affiliates (including but not limited to instructors, participants, the City of Roseville, the City of Roseville Parks & Recreation Departments, the County of Placer, Roseville City & Placer County Highways and Transportation District, its officers, directors, employees, contractors and subcontractors), that may arise from my participation in Stay Healthy Fitness Boot Camp activities or while traveling to and from the classes, even if caused in whole or in part by the negligence or other fault of the aforementioned parties or persons. I fully understand that I may injure myself as a result of my participation in this program and hereby release Stay Healthy Fitness Boot Camp and aforementioned facilities from any liability, now or in the future, including but not limited to heart attacks, muscle strains, sprains, pulls, tears, broken bones, shin splints, heat exhaustion, knee, back, or foot injuries and any other illness, soreness, or injury, however caused, occurring during or after my participation in this exercise program. It is further agreed that all exercises including the use of equipment, as well as travel to and from Stay Healthy Fitness Boot Camp locations shall be AT MY OWN RISK. This waiver applies to every state/country.

STAY HEALTHY FITNESS
BOOTCAMP

I understand that photos or video may be taken during the course of my involvement in Stay Healthy Fitness Bootcamp, which may be used for promotional purposes. In the event that "before & after" photos are taken, I understand that my images will not be utilized for any promotional purposes unless I give written authorization.

I understand there is a no refund policy, and that payment will be made in cash prior to participation in the Stay Healthy Fitness Bootcamp. I agree to bring cash payment for collection on/or before the scheduled Stay Healthy Bootcamp session. Any advance payment to Stay Healthy Fitness Bootcamp will be applied as a credit towards a future camp if, for reasons beyond my control, I am not able to complete the one I originally joined. Camp fees cannot be used towards any other products or services provided by Stay Healthy Fitness.

I FULLY UNDERSTAND THAT I AM FOREVER GIVING UP, IN ADVANCE, ANY RIGHT TO SUE OR MAKE CLAIMS AGAINST THE PARTIES I AM RELEASING, IF I SUFFER ANY INJURIES OR DAMAGES, EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THOSE INJURIES AND DAMAGES MIGHT BE AND AM VOLUNTARILY ASSUMING THE RISK OF SUCH INJURIES OR DAMAGES. I UNDERSTAND THIS CONSENT FORM AND AM NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS TO SIGN.

PARTICIPANT NAME (First)_____

NAME (Last):_____

SIGNATURE:_____

DATE:_____

.