



GENERAL INFORMATION

Print Name _____

Street address _____

City & Zip Code _____, _____

Phone _____ E-mail address _____

Date of Birth _____

Emergency Contact _____ Number of Emergency Contact _____

Relationship of your Emergency Contact _____

How did you hear about ModBody Fitness Bootcamps? _____

Release of Liability

1: In consideration of being allowed to participate in the personal fitness training activities and programs of ModBody Fitness and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge ModBody Fitness and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of ModBody Fitness or use of any equipment at various sites, including home, provided by and or recommended by the staff of ModBody Fitness. (PLEASE INITIAL: _____)

2: I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the danger involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL: _____)

I additionally acknowledge that I have undertaken the following personal obligations as a participant in ModBody Fitness include:

A. To engage in appropriate pre-exercise warm-up and post-exercise cool-down stretching and flexibility exercises. (PLEASE INITIAL: _____)

B. To carefully inspect all exercise equipment prior to use to assure it is in proper working order. (PLEASE INITIAL: _____)



Personal Training & Boot Camp Agreement and Release of Liability

C. Use exercise equipment, perform flexibility exercises, perform muscular endurance exercise, perform aerobic activities only in the manner directed. (PLEASE INITIAL: _____)

D. Perform activities at the intensity level appropriate for my general health and physical condition. (PLEASE INITIAL: _____)

E. To immediately cease activity if I feel dizzy, nauseous, or faint, or experience rapid heart beat, extreme shortness of breath, headache, or any other physical symptom that is unusual for me, and advise my instructor of occurrence of said symptoms. (PLEASE INITIAL: _____)

F. Discuss with my instructor and my physician any changes in my medical condition that might affect my participation. (PLEASE INITIAL: _____)

G. I agree not to participate in activity with ModBody Fitness during any period that I am under the influence of alcohol or drugs or taking any prescription medication unless specifically approved by my physician. (PLEASE INITIAL: _____)

H. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL: _____)

3: I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. I hereby grant ModBody Fitness the permission to contact my physician, physical therapist, or other health care and/or fitness professionals and colleagues to discuss my well-being, training program, and/or case study. (PLEASE INITIAL: _____)

4: I understand that ModBody Fitness providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto. (PLEASE INITIAL: _____)

I agree to all of the above statements and my signature (electronic or otherwise) serves as my legal signature.

By: _____ Date: _____
(Client Signature/ Date)



Personal Training & Boot Camp Agreement and Release of Liability

HEALTH & MEDICAL CONSIDERATIONS & WARNINGS: Participant assumes the risk of participating in an intense exercise program and agrees that Trainer shall have no liability for any injury, illness, or similar difficulty that Client may suffer arising out of or connected with Client's participation in Trainers program. Bootcamp meets in indoor and outdoor weather conditions and participants are solely responsible for making sure they are able to exercise in those various conditions.

Participant is advised to have a Medical Clearance if they have any of the following physical conditions (this list is not inclusive- it is always advised to get medical clearance before starting this or any exercise program:

- Hypertension (high blood pressure) greater than 145/95
- Hyperlipidemia (high cholesterol of greater than 220 mg/d
- Diabetes, any type
- Family history of heart disease prior to age 60
- Abnormal resting EKG
- Pregnant
- Experiences shortness of breath or light headedness

OTHER CONSIDERATIONS:

- ALL prescription medications you take on a regular basis
- ALL past injuries to your body and what was done medically to treat
- ALL areas of your body that are sensitive on a consistent basis- IE: shoulder pain- knee pain
- ALL physical limitations you currently have regarding your heart rate, mobility, strength

Please list any current medications: _____

Please list any current or previous injuries: _____

Do you have any life-threatening allergies? _____

Do you has asthma? _____

Do you have any physical limitations? _____

I acknowledge that I have listed and considered every possible limitation I am aware of that my body currently has as well as the medications I take. I acknowledge that I am solely responsible for considering this information before starting my program and shall modify any and all exercises that could be a danger to me based on these conditions and medications. I agree to all of the above statements and my signature (electronic or otherwise) serves as my legal signature.

By: _____

(Client Signature/ Date)

MINORS: Those ages 16-18 may participate with a legal Guardians Release

As Legal Guardian of : _____ I have read, initialed and agree to all terms and conditions of the legally binding Liability Waiver & Release.

Signed: _____ Dated: _____

Print Full Name: _____