



ALL ABOUT YOU WELLNESS BOOT CAMP

Agreement and Release of Liability

1 In consideration of being allowed to participate in the personal fitness training activities and programs of *All About You Wellness Boot Camp* 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 *All About You Wellness Boot Camp* 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 *All About You Wellness Boot Camp* or use of any equipment at various sites, including home, provided by and or recommended by the staff of *All About You Wellness Boot Camp*.

(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 *All About You Wellness Boot Camp* include:

- A. To engage in appropriate pre-exercise warm-up and post-exercise cool-down stretching and flexibility exercises.
- B. To carefully inspect all exercise equipment prior to use to assure it is in proper working order.
- C. Use exercise equipment, perform flexibility exercises, perform muscular endurance exercise, perform aerobic activities only in the manner directed.
- D. Perform activities at the intensity level appropriate for my general health and physical condition.
- E. Purchase appropriate personal exercise equipment as required by the activities I am participating in, including, but not limited to, athletic shoes and a thick exercise mat.
- F. 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.

- G. Discuss with my instructor and my physician any changes in my medical condition that might affect my participation.
- H. Discuss with my physician in advance any concern he/she may have about my participation in fitness testing activities such as body fat assessment, cardiovascular test, stretching test, and the like.
- I. I agree not to participate in activity with **All About You Wellness Boot Camp** during any period that I am under the influence of alcohol or drugs or taking any prescription medication unless specifically approved by my physician.
- J. 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.
(PLEASE INITIAL: _____)

4 I understand that **All About You Wellness Boot Camp's** 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: _____)

Print Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

Street address _____

City _____ Zip Code _____

e-mail address _____

Signature _____ Date _____

How did you hear about All About You! Wellness BootCamp? _____