



## Registration/Release Forms

2510 San Mateo Place NE

Albuquerque, NM 87110

Phone: 505-563-0903

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Emergency contact Phone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_ First Class (Date/Time) \_\_\_\_\_

Waiver Clause/Hold Harmless Agreement I \_\_\_\_\_ (print

student's name), the undersigned, hereby authorize the staff members at Bombshell Fitness/Jaymie Martinez and affiliates to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Bombshell Fitness/Jaymie Martinez and their affiliates from any and all liability for any injuries or illnesses while going to and from and while at a Bombshell Fitness/Jaymie Martinez and/or affiliates class. All medical expenses incurred will be the responsibility of the student or the student's family. Bombshell Fitness strongly recommends that you consult with your physician before beginning this exercise or any exercise program. You should be in good physical condition and be able to participate in the exercise. Bombshell Fitness/Jaymie Martinez is not a licensed medical care provider and represents that it has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition. You should understand that when participating in any exercise or exercise program, there is the possibility of physical injury. If you engage in this exercise or exercise, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself, and agree to release and discharge Bombshell Fitness/Jaymie Martinez and its affiliates from any and all claims or causes of action, known or By signing my name below, I certify that I have read, understand and enter into this agreement freely and voluntarily. Bombshell Fitness/Jaymie Martinez and staff are not responsible for belongings left in the studio or event location.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAR-Q

This physical activity readiness questionnaire (PAR-Q) will help determine if you're ready to begin an exercise routine or program.

Has your doctor ever said that you have a heart condition or that you should participate in physical activity only as recommended by a doctor?

Yes          No

Do you feel pain in your chest during physical activity?

Yes          No

In the past month, have you had chest pain when you were not doing physical activity?

Yes          No

Do you lose your balance from dizziness? Do you ever lose consciousness?

Yes          No

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes          No

Is your doctor currently prescribing drugs for your blood pressure or a heart condition?

Yes          No

Do you know of any reason you should not participate in physical activity?

Yes          No

If you answered yes to one or more questions, if you are over 40 years of age and have recently been inactive, or if you are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. If you answered no to each question, then it's likely that you can safely begin exercising.

### PRIOR TO EXERCISE

Prior to beginning any exercise program, including the activities depicted in this brochure, individuals should seek medical evaluation and clearance to engage in activity. Not all exercise programs are suitable for everyone, and some programs may result in injury. Activities should be carried out at a pace that is comfortable for the user. Users should discontinue participation in any exercise activity that causes pain or discomfort. In such event, medical consultation should be immediately obtained.