Pinole Valley Boot camp Registration Form

Full Name:		Date
Email address:		
Home address:		
DOB	Cell Phone	
Emergency Contact Na		
Health Fitness Profile- starting a new fitness p	-	sult with your physician prior to
1. Do you have any	y current injuries? Yes o	r No. If yes, explain below.
2. Do you have any or No. If yes, exp	=	d impact your ability to workout? Yes
3. Do you have anya. Heart Diseaseb. Lung Diseasec. Asthmad. Diabetes	e Y / N	

Release Form

I the undersigned, acknowledge that boot camp is an extreme test of ones mental and physical strength and that it has the potential for injury and death. I the undersigned assume all risk in participating Pinole Valley Boot camp including the inherent danger associated with strenuous exercise. I waive, release, discharge and agree not to sue for any sort of liability, personal injury, death, disability medical issues that may occur or any action related to the above and that I am willingly joining on my own accord.

Policies/Procedures

- 1. Arrive on time
- 2. Have your equipment with you each time
- 3. Agree to photos/social media posts
- 4. There are NO REFUNDS
- 5. Rain or Shine we are outside
- 6. Dog tags for perfect attendance for 2 & 3 times/week boot campers
- 7. Doctors Note for all missed boot camps due to injuries
- 8. Payment due prior to start date

Waiver of Liability

I have enrolled in a program of strenuous physical activity. I hereby affirm that I am in good physical condition and do not suffer a disability that prevents me from participating. In consideration of my participation in PVBC's program, I, for myself, my heirs and as signs hereby release PVBC its agent's officer's, principal's employees, and owners from any claims, demands and causes of action arising from my participation. I fully understand that I may injure myself as a result of my participation in PVBC's exercise program and I, hereby release PVBC from liability now or in the future including, but not limited to, muscle injury, heart issues, soreness, or even death, however caused, occurring during or after my participation in the program

I ACCEPT AND AGREE TO THE ABOVE TERMS

Signature			
Name		Date	
 I am signing up f 	or (circle one):15 b	bootcamps OR _12 bootcamps	
 Which days? (c) 	ircle)	Mon Thu Sat	
 My current fitne 	ss level: 1 2	2 3 4 5 6 7 8 9 10	

- My waist measurement :
- My main fitness goal: