



BOOTCAMP DISCLAIMER/PAYMENT

Name: _____ Age: _____ Sex: _____ DOB: _____

Phone: Mb) _____ W) _____ Email: _____

Address: _____

Which BootCamp do you wish to participate in?

Burley Griffin AM City PM Forrest Lunch Glebe Park Lunch Belconnen Lunch
Corporate (company name here.....)

How did you hear about us?

Notice Board Letterbox drop From friend Email List Magazine/Newspaper Ad Radio

Please tick if any apply:

- | | |
|--|---|
| <input type="checkbox"/> High/ Low Blood Pressure (last Blood Pressure Reading was /.....) | <input type="checkbox"/> Pain or Tightness In Chest |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Muscular Pain/ Cramps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> A Hernia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Are You Pregnant? | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Infections or Diseases |
| <input type="checkbox"/> Family History of Heart Disease | <input type="checkbox"/> Are There Any Conditions That May Limit Your Activity? |
| <input type="checkbox"/> Are You A Male >35 yrs & unaccustomed to exercise? | <input type="checkbox"/> Are You A Female >45 yrs & unaccustomed to exercise |

IF YOU TICKED A BOX, PLEASE PROVIDE DETAILS OF CONDITIONS AND DATES CLEARED AND SIGN BELOW:

Boot Camp is a strenuous form of physical activity. In undertaking Boot Camp you will be taking part in activities including running, jumping, and callisthenics and you may be exposed to the risk of injury to muscles, bones, joints and connective tissue.

I, _____ (FULL NAME) agree to participate in Pro-Fit Corporate Health Boot Camp with a certified fitness instructor. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Pro-Fit Corporate Health. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and the very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Pro-Fit Corporate Health and it's agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in Pro-Fit Corporate Health Boot Camp. The undersigned hereby releases Pro-Fit Corporate Health as well as waives any and all claims and understands and assumes any and all risk with participation in Pro-Fit Corporate Health Boot Camp.

Recruit's Signature: _____ Date: _____

PAYMENT DETAILS

Credit Card Payment (please tick): Visa MasterCard

Card Number: Expiry Date: __ / __

Card Holder's Name: Amount \$.....

OR PAY BY DIRECT TRANSFER (internet third party) Tick Receipt No.....

Account Name: Pro-Fit Corporate Health Pty. Ltd. BSB No: 112908 A/C No: 419352152

Please insert **YOUR NAME** as the Transaction Reference

Note: If signing up with a friend, it is ONLY the introducing person that receives the discount, not both people.

TO REGISTER FAX THIS COMPLETED FORM TO (02) 62912833



PLEASE READ & KEEP THIS ON FILE FOR YOUR INFORMATION

TERMS & CONDITIONS

1. FEES AND PAYMENT

The Program Fee set out in this contract must be paid in full to Pro-Fit Corporate Health prior to the commencement of the Boot Camp program.

2. CANCELLATION For any cancellation you must give Pro-Fit Corporate Health written notice. Cancellations **received 7 days or more before** the commencement of the Boot Camp program will enable you to a full refund of the Course Fee paid at the date of cancellation. Cancellations **received less than 7 days before** the commencement of the Boot Camp program will incur a \$20.00 administration fee.

Cancellations will not be accepted at any time after the Boot Camp program has commenced.

3. WARRANTY AND RELEASE

You hereby acknowledge that Boot Camp program activities are more strenuous and rigorous than other forms of exercise. You hereby acknowledge to Pro-Fit Corporate Health that you are physically capable of and there is no medical reason to prevent you from undertaking the Boot Camp program. Pro-Fit Corporate Health relies on the above warranties in allowing you to undertake the Boot Camp program. You acknowledge that whilst participating in the Boot Camp program, your person and your property are at your own risk. You acknowledge that you release and indemnify Pro-Fit Corporate Health in respect of and Pro-Fit Corporate Health hereby excludes, to the extent permitted by law, all liability for any injury loss or damage to person or property (whether direct, indirect, special or consequential) suffered by you while you are participating in the Boot Camp program, however that injury, damage or loss is caused, including if it is caused by the negligence of Pro-Fit Corporate Health.

4. INCLEMENT WEATHER

Pro-Fit Corporate Health Boot Camp takes place rain, hail or shine. In the instance of inclement weather it is the responsibility of the participant to ensure appropriate clothing and footwear.

SAFETY IS OUR PRIORITY

1. Your Boot Camp Instructors are trained in Senior First Aid. Each Senior Instructor carries a First Aid Kit.
2. Your instructor may exclude you from undertaking Boot Camp or certain activities if he/she believes that undertaking or continuing to undertake Boot Camp or those activities may place your health at risk.
3. If you suspect you have sustained an injury or feel the effects of a previously known condition, cease all activity and bring it to the attention of the instructor **IMMEDIATELY**.
4. In the event of an emergency the emergency services number is **000**
5. Every recruit must have a full water bottle at the beginning of every session.
6. If you have an asthma condition – please carry your own medication (i.e. puffer).
7. Keep noise to a minimum especially in residential areas.
8. We are not interested in forcing you to do any activity you feel at risk of any danger, please inform the instructor if you think an exercise is too risky for you.