

## Boot Camp Waiver and Release

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby agree to participate in the Boot Camp exercise program given by Feel The Burn Bootcamp, its officers, directors, employees and agents (herein, collectively the "Company") upon the understanding and condition that:

1. I acknowledge that the Company has advised me of medical risks that may result from such participation and represent to the company that I have consulted my personal physician or other health authority and I am physically capable of such participation without injury.
2. I have been specifically advised of the medical risks associated with participating in an intense outdoor exercise program for individuals who are:
  - A. **Overweight and have never exercised**
  - B. **Clinically obese**
  - C. **Have a combination of the following:**
    - a. **Men 45 or older and women 55 or older**
    - b. **Family history of coronary artery disease**
    - c. **Hypertension: 140/90 or higher blood pressure**
    - d. **High Cholesterol**
    - e. **Diabetes: Persons over 30 years of age or have had Insulin-Dependent Diabetes Mellitus(IDDM) more than 15 years or over age 35 and have Non-Insulin Dependent Diabetes Mellitus (NIDDM)**
    - f. **Smoker**
    - g. **Sedentary Lifestyle**
3. I recognize the risks of illness or injury inherent in an outdoor exercise program and am participating in the Company's program upon the express agreement and understanding that I am hereby waiving and releasing the Company, and the City of Studio City, the City of Woodland Hills and the City of Chatsworth, from any and all claims, costs, liability, expenses or judgments including attorney's fees and court cost (herein, collectively "Claims") arising out of my participation in the Company's programs or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Company, and the City of Studio City, the City of Woodland Hills and the City of Chatsworth from and against any and all such Claims.
4. I hereby execute and deliver this waiver and release to induce the Company to permit me to participate in its program.

SIGNATURE OF PARTICIPANT \_\_\_\_\_

DATE \_\_\_\_\_ (IF A MINOR, SIGNATURE OF PARENT OR GUARDIAN)