

# OUTDOOR GROUP FITNESS REGISTRATION AND PRE-ACTIVITY QUESTIONNAIRE

Please complete all forms with registration fee and return to 19207 Ramsey Rd., Crosby, TX. 77532

## PERSONAL DETAILS

Name:	
Address:	
Phone - Home:	
Phone - Work:	
Phone - Mobile:	
Email Address:	
Age:	
Gender:	
Occupation:	

Where did you hear about this FITNESS BOOT CAMP? \_\_\_\_\_

What is your main reason for joining this FITNESS BOOT CAMP? \_\_\_\_\_

What made you choose this FITNESS BOOT CAMP? \_\_\_\_\_

## EXERCISE HISTORY

Have you been exercising regularly?	
If yes what have you been doing?	
How often?	
How intense 1 -10?	

## LIFESTYLE AND MEDICAL CONSIDERATIONS

YES	NO	If Yes details
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Are you taking any prescribed medication?			
Are you currently carrying an injury?			
Have you suffered or do you suffer from back pain?			
Do you smoke?			
Are you pregnant?			
Are you a non-exercising male over 35 or female over 45?			
Do you know your blood pressure? ...../.....			
Does anyone in your family have high blood pressure? Are they on medication.			
Do you suffer from asthma attacks?			
Do you suffer from diabetes?			
Has anyone in your family under 60 suffered any heart condition or stroke?			

## PLEASE INDICATE IF YOU HAVE HAD ANY OF THE FOLLOWING:

Gout		Glandular fever		Any heart condition	
Stroke		Rheumatic fever		Heart murmur	
Chest pain		Dizziness or fainting		High blood pressure	
Epilepsy		Stomach or duodenal ulcer		Asthma or wheezing	
Hernia		Liver or Kidney problems		Raised cholesterol	

If you answered yes to any of the above please provide details:


I understand that an exercise program has certain risks. I take it upon myself to discuss any changes in my current health with my trainer. I have to the best of my knowledge provided accurate information regarding my current health status.

Signed: ..... Date: .....

# PAYMENT DETAILS

## CANCELLATION POLICY

Payments for the program are not refundable. If you are unable to attend your designated session 12 hours notice is required and you will be offered a makeup session within the same month.

### PAYMENT DETAILS FOR BOOT FITNESS CAMP

All payments, whether cash or check (made payable to Gabrielle Greenwade), are expected to be made in advance and returned with the completed registration form to the following address: 19207 Ramsey Rd., Crosby, TX. 77532. No fee payments will be accepted on site at Crosby Park - county park regulations prohibit the exchange of monies on county grounds for private profit.

### PLEASE INDICATE YOUR PREFERRED SESSION

Date of class	Monday, Wednesday	6:30 pm to 7:30pm	Fee for class	

If your preference is not available let me know what days are good for you. \_\_\_\_\_

What is your shirt size?

Men's: XXL / XL / L / M / S

Ladies': XXL / XL / L / M / S

Signed:

Date:

I have enclosed the signed waiver form:

I have read & understand the cancellation policy:

## Waiver and release of Liability

### Important – Read Before Signing

**You should not sign this document unless you have read it and understood its terms and conditions. By signing this agreement, you assume all risks and agree to waive your legal rights, including the right to sue.**

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Area Code: \_\_\_\_\_

Emergency Telephone numbers: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Is the Participant taking any medication? If so, list below

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## Warning of Risk

1. The Participant acknowledges that there can be certain risks of injury to them or third parties associated with their participation in the selected activities.
  2. The Participant knows that the staff or contractors are not medical practitioners and that they cannot provide advice as medical practitioners.
  3. The Participant knows that it should seek medical advice from a medical practitioner before participating in selected activities.
  4. The Participant is aware that certain medical problems may arise if it undertakes and participates in the selected activities without obtaining advice from a medical practitioner beforehand.
  5. There may be no or inadequate facilities for treatment or transport of the Participant if it is injured.
  6. Personal property of the Participant may be lost or damaged.
  7. The Participant agrees to participate in the selected activities at its own risk and responsibility.
  8. The Participant acknowledges that by participating in the selected activities there may be consequential injury to the Participant, damage to the property of the Participant or third parties.
  9. The Participant acknowledges that it may suffer injury whilst merely observing or being in proximity to the sight where the selected activities are being carried out.
  10. The Participant agrees that it will abide by the rules for participating in the various activities on the site of the boot camp, and as instructed offsite.
  11. The Participant agrees to follow the instructions of "the personal trainer". The Participant also agrees that if they fail to follow instructions from staff and any rules of the personnel or the trainer in respect of the various activities, the Participant may not be permitted to participate in the selected activities any further and without a refund. In addition, they may be further exposed to risk of injury, loss or damage.
  12. The Participant agrees to indemnify "the personal trainer" against and save it harmless from any and all damages, actions, claims, judgements, cost of litigation and attorney fees which may result from the Participant's use of, or presence upon, the property or facilities of the "Harris County Precinct 4, Crosby Park", including damage to the equipment of "the personal trainer" and owners property.
  13. I hereby authorise the staff at "Camp Badonkadonk" to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the Participant or the Participant's family. I certify to "Camp Badonkadonk" that I have no physical conditions or mental impairment that would be effected by the participation in the activities of "Camp Badonkadonk" Boot Camp.
  14. I permit "Gabrielle Greenwade" owner of Camp Badonkadonk to use any photographs, videotapes, motion pictures, recordings of any other records taken while I am on the premises of the "Harris County Precinct 4, Crosby Park" engaged in any activity or event sponsored, promoted or organised by "Gabrielle Greenwade" owner of Camp Badonkadonk or publicity, advertising or any legitimate purposes.
  15. I agree that this Agreement shall apply to my participation in any and all "Camp Badonkadonk" activities and programs, including, Camp Badonkadonk, personal training and other fitness programs, activities and activities directed by any representative of "Camp Badonkadonk". This agreement shall apply to all my future visits to "Camp Badonkadonk".
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RELEASE AND INDEMNITY

1. In consideration of "Camp Badonkadonk" permitting me to participate in selected activities, I agree to release and indemnify "Camp Badonkadonk" as follows:
  - (i) I assume the risk and responsibility of any injury arising from my participation in the selected activities.
  - (ii) I release, indemnify and hold harmless Gabrielle Greenwade owner of Camp Badonkadonk, its servants, agents and owners of any "Camp Badonkadonk" or "Harris County" premises from and against all and any actions and claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury loss, damage or death caused by me or my property whether by negligence, breach of contract or in anyway whatsoever.
2. I also agree that in the event that I am injured or suffer damage, I will bring no claim, legal or otherwise against Gabrielle Greenwade owner of Camp Badonkadonk, its servants, agents and owners of any or "Harris County" in respect of that injury or damage.
3. Before signing this document I read and understand it and know that it affects my legal rights.

Additional Warning of Risk

Despite careful and proper preparation, instructions, medical advice, conditioning and equipment there is still risk of serious injury or death. Not all hazards and dangers can be foreseen.

I \_\_\_\_\_ have read the above statement, recognize, and acknowledge that there are risks of physical injury to participants of this program. I voluntarily agree to assume the risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of being a participant in the activities connected with or associated with this program/activity.

I do hereby fully release and forever discharge all parties from any and all claims for injuries, damages, or loss that may accrue to my minor child/ward or me and arising out of, connected with, or in any way associated with these activities.

I have read and fully understand the above information and warning or risk statements. I have also read the above and explained it to my minor child/ward. I do hereby release all parties from any liability arising out of or connected to this program.

IMPORTANT – READ BEFORE SIGNING

**YOU SHOULD NOT SIGN THIS DOCUMENT UNLESS YOU HAVE READ IT AND UNDERSTOOD ITS TERMS AND CONDITIONS. BY SIGNING THIS AGREEMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**BY SIGNING THIS WAIVER AND ASSUMPTION OF RISK AND RELEASE, I ACKNOWLEDGE ITS CONTENTS. I AGREE TO BE BOUND BY THE TERMS OF THE RELEASE AND UNDERSTAND THAT ANY AND ALL RISKS, WHETHER KNOWN OR UNKNOWN, ARE EXPRESSLY WAIVED IN ADVANCE. I CERTIFY THAT MY PARTICIPATION IS COVERED BY MY PERSONAL INSURANCE TO COVER ANY INJURY OR DAMAGES I MAY SUFFER OR CAUSE, OR ELSE I AGREE TO BEAR THE COSTS FOR SUCH INJURY OR DAMAGE TO OTHERS OR MYSELF. I HAVE SIGNED THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Participants and spectators under age 18 at the time of registration must also have a parent or legal guardian sign below.

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Important – Read Before Signing

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This is to certify that I, as parent/guardian with legal responsibility for this Participant or Spectator, do consent and agree to his/her release as provided above. I release and indemnify Gabrielle Greenwade owner of Camp Badonkadonk, and "Harris County Precinct 4, it's servants, agents and owners of any from any and all claims, actions, demands and liabilities arising from my Minor child's involvement or participation in the programs provided above, even IF ARISING FROM THE NEGLIGENCE OR BREACH OF CONTRACT OF "Gabrielle Greenwade owner of Camp Badonkadonk, its servants, agents and owners to the fullest extent permitted by the law.

Parent/Guardian's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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