



Release

This release is entered into between the undersigned and Power Boot Camp. The purpose of Power Boot Camp is to provide fitness instruction and coaching for various levels of athletes/ individuals.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that Erica Hedlund is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that Power Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by Power Boot Camp will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that boot camp activities such as cardio exercises, running, weight training, obstacle courses and any other activities related to sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/ activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and Power Boot Camp for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties, that Power Boot Camp, nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

Signature of Participant

Date



Terms and Conditions

- I understand that Power Boot Camp, does not share my personal or medical information with any other parties without my consent.
- I understand that payments must be made in full prior to the start of each program. Refunds and Credits of the program cost are not available once the session begins. In cases of severe illness or a serious event, Power Boot Camp will make special arrangements as we see fit.
- I agree to show up for Boot Camp every day unless it is an excused absence from my doctor or pre-approved with Erica.
- I understand that photos or video may be taken during the course of my involvement in Boot Camp, which may be used for promotional purposes.
- I understand if Boot Camp is cancelled for any reason, it will be made up the Friday of same week.
- I will remember to set my alarm and be at camp on time and will adhere to the late policy (explained on the first day of camp).
- I understand the consumption of alcohol and eating junk food during my Boot Camp training will diminish my results.

I have read and agree to the above terms and conditions

Signature of Participant

Date

Assumption of Risks

Assumption of Inherent Risks: Fitness and conditioning activities, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care the fitness trainer takes to prevent injuries. The training activities offered by Power Boot Camp provide for activities such as resistance training, walking, jogging, running, stretching and other aerobic activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction and others involve sustained physical activity that places stress on the cardiovascular system. In addition, some exercises will involve equipment (e.g., resistance bands, balls) and other props (e.g., stairs, benches) – all of which have the potential of malfunctioning or causing injury.

The specific risks vary from one activity to another, but in each activity the risks range from 1) occasionally occurring minor injuries such as scratches, bruises, shin splints, muscle strains and sprains to 2) rarely occurring major injuries such as ligament damage, broken bones, joint or back injuries, concussions, and heart attacks to 3) the very rare occurrence of catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities Power Boot Camp provides, I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries that may occur as a result of activities made possible by Power Boot Camp I hereby assert that my participation is voluntary and that I knowingly and willingly assume all such risks.

Acknowledgment of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend by signature to signify a complete assumption of the inherent risks in any way associated with the personal training program offered by Power Boot Camp to the greatest extent allowed by the law in the Commonwealth of Massachusetts.

Signature of Participant

Date

Personal Information

Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip _____
 Telephone (Day) _____ (Eve) _____
 Emergency Contact Name _____ Tel _____
 E-mail _____
 Gender _____ Date of Birth _____

Cardiovascular Risks

Please check any that apply and age of onset:

	You	Mother	Father	Brother	Sister
High Blood Pressure					
High Cholesterol					
Diabetes					
Heart Disease					
Bypass Surgery					
Stroke					

Do you presently smoke cigarettes? _____ If so, how many per day? _____

Have you ever quit smoking? _____ If so, how long ago did you quit? _____

Height _____ Current Weight _____ What was your weight at age 21? _____

Personal Health History

Date of:

Last physical examination _____ Stress Test _____ Resting EKG _____

Date of last blood cholesterol test _____

Total Serum Cholesterol _____ HDL _____

Date of last blood pressure test _____ Blood Pressure _____

Has your doctor ever restricted your physical activity? _____

If yes, please explain: _____

Do you have any allergies? _____

If so, please list _____

Do you ever experience chest pains or tightness? _____

Do you ever:

Experience unusual shortness of breath during mild or vigorous physical activity? _____

Experience dizziness during mild or vigorous physical activity? _____

Have you ever passed out during vigorous physical activity? _____

Are you presently taking any medication? _____

If so, please list type and purpose: _____

Do you have any (other) medical conditions which limit your ability to exercise? _____

If so, please explain _____

If you are female, are you currently pregnant or have recently given birth? _____
If so, due date or date of child's birth _____

Injuries

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

- ___ broken bone _____
- ___ muscle strain/sprain _____
- ___ ligament, tendon, or cartilage injury _____
- ___ joint injury or chronic pain _____
- ___ back injury or chronic pain _____
- ___ nerve entrapment (e.g. carpal tunnel syndrome) _____
- ___ other (exlpain) _____

Are you currently being treated for any of the above injuries? _____
If so, please specify the type of treatment _____

Lifestyle

If employed, do you consider your job to be _____ sedentary or _____ active?

Are you

- ___ generally sedentary
- ___ a weekend or vacation exerciser
- ___ physically active once or twice a week
- ___ physically active more often

Do you currently have a regular exercise program? _____

If yes, please describe _____

How much time do you want to spend working out?

Do you have or use any exercise equipment at home?

Are there any specific exercises might cause you pain or discomfort?

What goals do you have concerning your training and health?

I hereby confirm the information above is true and complete to the best of my knowledge.

Signature of Participant

Date

PAR-Q: Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become more physically active than you are now, start by answering the eight questions below. If you are above the age of 15, the PAR-Q will tell you if you should check with your doctor before you start. American College of Sports Medicine (ACSM) guidelines require that men over the age of 45 and women over the age of 55 complete a “Medical Authorization Form” from their physician **BEFORE** training.

Y ___ N ___ - Are you a man over the age of 45 or a woman over the age of 55?

Y ___ N ___ - Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Y ___ N ___ - Do you feel pain in your chest when you do physical activity?

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

Y ___ N ___ - Do you lose your balance because of dizziness or do you ever lose consciousness?

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

Y ___ N ___ - Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Y ___ N ___ - Do you know of any other reason why you should not do physical activity?

If you answered YES to any of the above questions, you and your doctor will need to complete a Medical Authorization Form BEFORE you become more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

NOTE: You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal / training.

PAR – Q Clarifications

For each question above, please see the clarifications below to answer the questions appropriately.

1. Significance/clarification: *Persons with known heart disease are at increased risk for cardiac complications during exercise.*

They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescriptions follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.

2. Significance/clarification: *See question 3.*

3. Significance/clarification: *A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.*

4. Significance/clarification: *A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.*

5. Significance/clarification: *Existing musculo-skeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.*

6. Significance/clarification: *See question 1. Medication effects should be considered when formulating the exercise prescription.*

The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition of factor requires special precautions during exercise training or contraindicates exercise training.

7. Significance/clarification: *The exercise prescription may have to be modified in accordance with the specific reason provided*

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME: _____ DATE _____

SIGNATURE: _____