

ADVENTURE BOOT CAMP FOR WOMEN

(Please fill out this in its entirety for a guest pass)

Print Name: _____

Email: _____

Phone number: _____

Emergency Contact: _____ Phone: _____

Name of friend in camp: _____

1, I warrant that I am in good health and that I have notified the trainer of any preexisting medical conditions that I have.

2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks. I am in good health and have been cleared by my primary care physician to participate in strenuous activity.

3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless, Adventure Boot Camp, HealthStyle Fitness, Brian Calkins, Jennifer Defendiefer, Linda Ruberg, Michelle Stephenson, Katie Ly, Jeni Noga, Amanda Illing and Kelly Murphy (hereinafter collectively referred to as "ABC"), for any and all claims, demands of causes of action, which are in any way connected with my participation this activity or my use of ABC's equipment or facilities, including any such claims which allege the negligent acts or omissions of ABC.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Signature: _____ Date: _____