



**RELEASE OF LIABILITY** - By signing this document, I hereby acknowledge that I have voluntarily chosen to participate in a program of intense physical exercise. I further acknowledge that Fitness Rangers Bootcamp LLC. strongly recommends that I consult with my physician prior to commencing any classes. By signing this document, I acknowledge that I am fully informed of the strenuous nature of this exercise program and the possibility of adverse physiological occurrences including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document I assume all risk for my health & well being, and fully release and hold harmless for any responsibility, cost, or damages Fitness Rangers Bootcamp LLC, its owners, operators, employees, independent contractors, and agents. I hereby acknowledge that I, and any minor under my care, have voluntarily chosen to participate. I assume all risk for my health and well being, and that of any minor under my care, and fully release.

**INITIAL** \_\_\_\_\_

**PARTICIPANT INFORMATION**  
*INFORMED CONSENT & RELEASE*

**MODEL RELEASE** - I hereby give Fitness Rangers Bootcamp LLC. authorization to use all photographs and videos for the purpose of marketing and promotional material including, but not limited to, photographs used in all professional trade publications, print media and other related marketing and advertising. I acknowledge that I have been advised of the potential risks and have elected to proceed with the above services. Therefore, I hereby release Fitness Rangers Bootcamp LLC, its owners, operators, employees, independent contractors, agents, from liability regarding my services I have volunteered for which are listed above. I understand these terms are stated in the Release and by signing below agree to the terms and conditions of the Release

**INITIAL** \_\_\_\_\_

Please Print		
<b>Name</b> _____	<b>Phone</b> _____	<b>DOB</b> _____
<b>Address</b> _____		
<b>Email</b> _____	<b>How'd you hear about us?</b> _____	

NOTE: All information disclosed will be kept confidential: Answer the following questions carefully. Circle YES or NO

1. YES / NO Have you ever been diagnosed with a heart condition? If YES, explain below
2. YES / NO Do you feel pain in your chest when you do physical activity? If YES, explain below
3. YES / NO Do you experience dizziness or have you ever lost consciousness If YES, explain below
4. YES / NO Do you have a bone, muscle, or joint problem (ex. back, knee, hip) that could worsen due to change in your physical activity If YES, explain below.
5. YES / NO Do you know any other reason why you should not do physical activity? If YES, explain below.
6. Please list all medications that you currently take. (ex. for diabetes, blood pressure, cholesterol, asthma)

If you answered YES to one or more questions: Talk to your doctor before you start becoming more physically active. Tell your doctor about the PAR-Q and which questions you answered YES to. If you are just getting started with a fitness regimen, always start slow and build gradually. If you are not feeling well because of illness, such as cold or flu, wait until you feel better. **If you are pregnant - get doctors clearance before you start becoming more active. If your health changes tell your fitness or health professional.**

Signature \_\_\_\_\_ Date \_\_\_\_\_