

Fitness Bootcamp Participant Waiver

Participant Information

Full Name

Email Address

Phone Number

Emergency Contact

Contact Name

Contact Phone

Waiver and Release

I acknowledge that participation in the fitness bootcamp involves physical activity, and as with any physical activity, there are inherent risks including injury. I confirm that I am physically able to participate and will consult my physician if necessary. I voluntarily assume all risks. I hereby release the organizers, trainers, and facility from any liability for injury or accident, and agree to abide by all safety instructions.

Consent & Signature

Participant Signature

Date