



Registration Form - PLEASE WRITE CLEARLY

Name: _____
Phone: _____
DOB: _____
Email: _____

Please tick applicable answers:

	YES	NO
Has your doctor ever said you had heart trouble?	___	___
Have you ever had pains in your chest?	___	___
Do you often feel faint or have spells of dizziness?	___	___
Has your doctor said your blood pressure is too high?	___	___
Has a doctor said that your might have bone or joint problems?	___	___
Or any problems that might be aggravated or made worse by exercise?	___	___
Have you been in hospital in the last 3 years?	___	___
Are you currently taking any medication?	___	___
Are you pre/post natal?	___	___
Do you suffer from asthma or breathing difficulties?	___	___
Do you suffer from an allergy?	___	___
If 'yes', what medication do you take? _____		
Is there a good physical reason not mentioned here why you should not follow an activity programme?	___	___

If you have answered 'yes' to one or more of the above questions, please consult with your doctor before increasing your physical activity and tell your doctor which questions you answered 'yes' to.

See page 2 for liability waiver.

Informed Consent - Liability Waiver

In consideration of being allowed to participate in the activities of the programmes of Bootcamp Ireland which are undertaken by the selected insured Bootcamp instructors, and to use the facilities and equipment managed/owned by the Bootcamp instructors and/or under the control of the organisers of the Bootcamp Club, in addition to the payment of any fee or charge, I do hereby waive release and forever discharge Bootcamp Ireland and its organisers from any and all responsibilities or liability for injuries resulting from my participation of activities or use of the above equipment during a Bootcamp session.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, or assigned training areas, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I am aware that I have the right to request advice from Bootcamp instructors, in relation to the activities and exercise being undertaken with particular regard to my health and clothing. If I choose not to take advice or disregard any advice given, I do so voluntarily and accept liability for all resulting injuries and damage.

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness that would prevent my participation or use of equipment or facilities except as herein stated. I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and utilisation of equipment and machinery in my activities. In addition, Bootcamp Ireland and its organisers cannot accept responsibility for items lost during training sessions or left in the bag of the instructor. I have read the Bootcamp Ireland website and accept the Rules and Regulations that are outlined.

Signature: _____

Date: _____