

Bootcamp Liability Release Form

Participant Full Name

Email Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

Release of Liability

I hereby acknowledge that my participation in the Bootcamp is voluntary. I understand that physical activity and exercise have inherent risks, and I assume full responsibility for any injuries or damages which may occur to me as a result of participating. I, on behalf of myself, my heirs, and legal representatives, release and discharge the organizers, trainers, and facility from all liability, claims, demands, or causes of action arising out of or related to any loss, injury, or damage that may be sustained while participating in the Bootcamp.

Medical Acknowledgement

I confirm that I am medically and physically able to participate in the Bootcamp. I will inform the organizers of any pre-existing conditions, injuries, or concerns prior to participating. In the event of illness or accident, I authorize the organizers to secure any necessary medical attention on my behalf.

Additional Notes (optional)

Participant Signature

Date

If participant is under 18:

Parent/Guardian Signature

Date