

Fitness Bootcamp Participant Release Form

Full Name

Date of Birth

Phone Number

Email

Emergency Contact Name

Emergency Contact Phone

Medical Information

Please list any medical conditions, allergies, or medications:

Release of Liability

I acknowledge that participation in the Fitness Bootcamp involves physical activity and carries certain risks of injury. I affirm that I am in good physical condition and do not suffer from any known condition which would prevent or limit my participation. I voluntarily agree to release and hold harmless the instructors, organizers, and facility from any liability or claim resulting from participation.

Participant Signature

Date

