



**Section 1: Personal Particulars**

Title \_\_\_\_\_ Name \_\_\_\_\_ Surname \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ PC \_\_\_\_\_

Occupation \_\_\_\_\_

—

Email \_\_\_\_\_

In case of an emergency, whom should we contact for you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

**Section 2: Medical History**

1. Have you consulted a doctor about starting an exercise program? **YES / NO**

2. Have you knowingly suffered from? (Tick if **YES** if **NO**)

Heart Condition	Rheumatic Fever	Heart Palpitations	
Pain or Tightness in Chest	Arthritis	Muscular Pain or Cramps	
Asthma	Infections or Infectious Diseases	Hernia	
Hernia	Diabetes	Liver/Kidney Condition	
Back Pain	Epilepsy	High/Low Blood Pressure	
Chronic Cough	Regular Headaches	Have You been Hospitalised Lately	
High Cholesterol	Cancer	Female >45 Unaccustomed to Exercise?	
Major Operations	Thyroid Condition	Male >45 Unaccustomed to Exercise?	
Any Major Injuries	Are you/could you be pregnant?	Any condition that may limit your activity?	

3. Do you regularly smoke? **YES / NO**

If you have **TICKED** or answered **YES** to any of the above, or have any other condition please give details:

\_\_\_\_\_

4. Are you taking any non prescribed or prescribed medications? **YES / NO**. If yes, please provide details

\_\_\_\_\_

5. Do you experience any side effects from these medications?

\_\_\_\_\_

**I have read and understand the above information and have completed this section to the best of my knowledge**

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

**Section 4: Release of Liability.**

**Release of Liability, Waiver of Claims, Assumption of Risk, Indemnity Agreement, and Jurisdiction Agreement**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_**

**Address \_\_\_\_\_**

**Email \_\_\_\_\_ Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_**

TO: Specialized Fitness Bootcamps, owners, volunteers, directors, officers, employees, trainers, instructors, agents, officials, independent contractors, servants, representatives, successors and assigns.

**DEFINITIONS:**

**In this agreement:**

- a) The term "ATHLETIC ACTIVITY OR "ATHLETIC ACTIVITIES" includes but is not limited to personal training, fitness classes, team or individual competitions, fitness assessments, use of facilities, observation of athletic activities, Olympic lifting, powerlifting, strongman training or competitions, gymnastics, strength conditioning, metabolic conditioning, plyometrics, interval training, bodyweight conditioning, bouldering, rope climbing, macro climbing, stretching, outdoor running on trails or sidewalks, sports, and programs, clinics, seminars, and services provided to the athlete by Specialized Fitness Bootcamps.
- b) The term "INJURY" shall refer to all forms of physical, mental, and emotional injury in any way related to athletic activity and transportation activities including, but not limited to: death, breaks, strains, lacerations, dislocations, exercise induced rhabdomyolysis, heart failure, concussion, frostbite, hypothermia, heat illness, dehydration, trauma, anxiety, and fears.

**DISCLAIMER:**

Specialized Fitness Bootcamps and their owners, volunteers, directors, officers, employees, trainers, instructors, agents, officials, independent contractors, servants, representatives, successors and assigns are not responsible for any death, injury, loss, or damage of any kind suffered by any person while using Specialized Fitness Bootcamps facilities, participating in or watching Specialized Fitness Bootcamps activities, caused in any manner whatsoever including, but not limited to, the negligence of Specialized Fitness Bootcamps. I am aware that athletic activities have inherent dangers and risks including but not limited to the potential for serious personal injury or death caused by any Specialized Fitness Bootcamps athletic activities or any condition of the facilities or equipment of Specialized Fitness Bootcamps, some of which include:

- a. Transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps, muscle soreness, pain, discomfort, fatigue, nausea, heart failure, exercise induced rhabdomyolysis, and so forth;
- b. All manner of injury resulting from slipping or falling, either roped or unroped, while jumping, skipping, running, walking, lifting, climbing, and impacting against the floor, walls, equipment, other athletes, or any permanent or temporary fixtures or equipment;
- c. Abrasion, entanglement, lacerations, bruising, dislocation, and other injuries resulting from activities on or near stands, racks, weight bars, pull up bars, walls, ropes, cargo nets, medicine balls, and plyo boxes;
- d. Injuries resulting from falling athletes or objects such as weights, dumbbells, bars, medicine balls, ropes, and so forth or by any objects dropped by other persons conducting athletic activities or assisting others;
- e. Failure of the equipment, racks, stands, bars, attachments, anchors, ropes, harnesses; And, I do hereby further acknowledge and agree:
  - a. That the athletic activities I am participating in requires a moderate to high degree of effort, are designed to be high intensity, and are intended to maximally challenge my cardiovascular endurance, stamina, strength, flexibility, speed, power, coordination, agility, balance, and accuracy;
  - b. That I will honestly represent my level of fitness, health, nutrition, use of medication, medical history, and current physical, mental, and medical condition to Specialized Fitness Bootcamps;
  - c. That although Specialized Fitness Bootcamps takes steps to reduce the risks and increase the safety of all athletic activities, it is not possible for Specialized Fitness Bootcamps to make these athletic activities completely safe;
  - d. That I am personally responsible for my preparation prior to athletic activities, my concentration and attention during these athletic activities, and for my post activity rest and recovery;
  - e. That I will learn and obey the rules and regulations of Specialized Fitness Bootcamps, and that I will follow the instructions and directions of Specialized Fitness Bootcamps during athletic activities;
  - f. That I will inform Specialized Fitness Bootcamps immediately should I feel any pain, discomfort, fatigue, nausea or other symptoms that I may suffer during and immediately after athletic activities.
  - g. That I may stop participating at any time and that I may be directed to stop by Specialized Fitness Bootcamps should I display noticeable signs of distress.
  - h. That I consent to receive first aid and medical treatment by the Specialized Fitness Bootcamps in the event of an accident, injury or illness during athletic activity.

i. That Specialized Fitness Bootcamps may videotape, audiotape, or photograph you for instructional and promotional purposes without payment of any kind to you and without further notice to you or permission from you.

## **Release of Liability, Waiver of Claims, Assumption of Risk, Indemnity Agreement, and Jurisdiction Agreement**

In consideration of Specialized Fitness Bootcamps, allowing me to participate in Specialized Fitness Bootcamps Athletic Activities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Specialized Fitness Bootcamps and their owners, volunteers, directors, officers, employees, trainers, instructors, agents, officials, independent contractors, servants, representatives, successors and assigns (all of whom are hereinafter referred to as the "RELEASEES") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in climbing and transportation activity, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES, AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF ATHLETIC ACTIVITIES;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in Athletic Activities;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any costs they may incur for medical costs, emergency transportation, and litigation resulting from my participation in Athletic Activities;
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
5. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of QLD Australia and no other jurisdiction; and
6. Any litigation involving the parties to this Agreement shall be brought solely within QLD and shall be within the exclusive jurisdiction of the Courts of QLD. In entering into this Agreement I am not relying on any oral or written representations or statements made by Specialized Fitness Bootcamps with respect to the safety of athletic activities other than what is set forth in this Agreement.

**I CONFIRM THAT I AM THE FULL AGE OF EIGHTEEN (18) YEARS AND I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST Specialized Fitness Bootcamps.**

Privacy and protection of information: WE WILL NOT SELL OR RELEASE YOUR PERSONAL INFORMATION.

**Date** \_\_\_\_\_ **Location** \_\_\_\_\_

**Participants Signature** \_\_\_\_\_ **Witness Signature** \_\_\_\_\_

**Participants Name** \_\_\_\_\_ **Witness Name** \_\_\_\_\_

This agreement must be completed in full, initialled where indicated, dated, signed and witnessed prior to participating in any Specialized Fitness Bootcamps athletic Activities.

Regards,

Specialized Fitness Bootcamps

Specialized Fitness Bootcamps | 13/7-9 Premier Circuit | Warana QLD 4575 | Australia

Phone: 1300 654 775

Email: [info@specializedfitness.com.au](mailto:info@specializedfitness.com.au) | Web: [www.specializedfitness.com.au](http://www.specializedfitness.com.au)