

FITNESS BOOT CAMP REGISTRATION FORM

Registration Date

Client Information			
First Name		Last Name	
Phone Number		Email Address	Contact Preference
Street Address	City	State	Zip Code
Height	Weight	Physical Condition	

I understand that participation in the fitness boot camp involves certain risks, including but not limited to, muscle soreness, strains, sprains, and other injuries. I hereby release and discharge the organizers, instructors, and facilities associated with the boot camp from any and all claims, liabilities, and damages arising out of or in connection with my participation in the boot camp.

Signature:

Date: