

BOOT CAMP SOUTH Waiver and Release

Name: _____ Todays Date: _____

Date of birth: _____ AGE: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Any Health Issues?: _____

-If yes, Do you have medical clearance if needed to participate in BOOT CAMP SOUTH? _____

IN CASE OF EMERGENCY CONTACT:

Name: _____

Phone: _____

Relationship: _____

I hereby agree to participate in the Boot Camp exercise programme given by BOOTCAMP SOUTH/Melissa Aitken Fitness;
And in no way hold this company, Melissa or any of her employees personally responsible for any injuries or accidents that may occur whilst participating in Boot Camp.

SIGNATURE OF PARTICIPANT _____ DATE _____

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