

## BOOT CAMP ENROLMENT FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
E-mail: \_\_\_\_\_ How Did You Hear About Fitness 4 U? \_\_\_\_\_  
Commencement Date: \_\_\_\_\_ Location: \_\_\_\_\_

**PARTICIPATION IN A "BOOT CAMP" IS A DANGEROUS RECREATIONAL ACTIVITY WITH OBVIOUS RISKS AS DEFINED BY THE CIVIL LIABILITY ACT 2003. IF YOU PARTICIPATE, YOU DO SO AT YOUR OWN RISK. TO ENSURE THAT YOU UNDERSTAND THIS, PLEASE READ THIS FORM AND TICK IN THE BOXES PROVIDED IF YOU AGREE.**

- I am aged 18 or over and am legally competent to sign this agreement.
- I understand that participation in a "Boot Camp" is a physically demanding activity and involves risks, which may cause various physical injuries. I wish to participate and voluntarily assume the risk of injury to myself.
- I hereby release and indemnify Fitness 4 U and its principal, Ron Daniels, its employees and agents, and any other persons involved in "Boot Camp" from all actions or claims for compensation arising from my participation, for personal injury or damage to property.
- I agree that this waiver is ongoing and will apply to all future occasions I participate in "Boot Camp" with Fitness 4 U.
- I acknowledge that this document is contractual and may be relied upon in any proceedings instituted by me, my heirs and executors, and this waiver, release and indemnity is given in consideration of Fitness 4 U permitting me to participate in "Boot Camp."
- I agree to comply with all instructions given to me by Fitness 4 U relating to my participation in "Boot Camp." I agree to indemnify Fitness 4 U, its principal Ron Daniels, and its employees and agents against all liability that it may incur, including legal costs, caused by my negligence and/or failure to comply with instructions.
- I understand that there will be no refunds for any missed session(s), but that any session(s) missed due to illness or work commitments may be made up by attending session(s) at another Boot Camp conducted over the same period, or by attending a Group Training or Group Boxing session(s).
- I advise that I do not suffer from any medical condition that may affect my ability to participate safely in strenuous exercise. Relevant pre-existing medical conditions, injuries or illnesses are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tick if you're interested in  Personal Training  Group Training  Group Boxing

### Emergency Contact details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please post form to: **Fitness 4 U, PO Box 7, Indooroopilly QLD 4068**

Payment may be made by cash, cheque or bank deposit (bank account details below).

Bank: **Commonwealth** BSB: **062308** A/C: **MJN Investments Pty Ltd** A/C#: **28044867**