

CONSENT AND LIABILITY WAIVER RELEASE FORM

I _____ (Parent or Guardian if client is under 18 years old) on behalf of
N/A (minor or child under 18) of _____, (City)
of Texas hereby affirm that I am entering a course of instruction in physical fitness and performance training. By enrolling in this course I certify that I am cognizant of all of the inherent dangers of physical fitness and therapy, and the basic safety rules for activities connected herewith.

I understand and agree that neither the class nor its owners, operators, agents, or instructors, including but not limited to **Boot Camps for Life** and/or its representatives, may be held liable in any way for any occurrence in connection with my physical fitness and performance, which may result in injury, death, or damages to me or my family, heirs, or assignees. I further acknowledge and forever release **Boot Camps for Life** and/or its representatives in connection directly or indirectly with my physical fitness, training and therapy as result of Accidents and/or Injury own negligence, which may result in injury, death or damages to me or my family, heirs, or assignees.

In consideration of being allowed to enroll in this course I hereby personally assume all risks connected with the course, and I further release the instructors, program, agents, and operators, including but not limited to the persons mentioned for any injury or damage which may be incurred by me while I am enrolled in the fitness or performance course, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the program and persons from any claim by me, or my family, estate, heirs, or assignees, arising out of my enrollment and participation I this course.

I further state that I am of lawful age and legally competent to sign this aforementioned release; that I understand that the terms herein is contractual and not a mere recital; and that I have signed this document as my own free act.

I have fully informed myself of the contents of this aforementioned and release by reading it before I sign it, I have been advised to submit, at my own expense and time, to a medical examination to ensure myself, and assume my own responsibility of physical fitness and capability to perform under the normal conditions of the fitness and therapy program, and am physically fit as tested by a medical examination. I also understand that the owner reserves the right of membership.

IN WITNESS WHEREOF, I have executed this aforementioned and release at (location)
_____ on (Date) _____, 20__

X _____
Authorized Signature Client

Cancellation Agreement

I also understand that Boot Camps for Life and/or its representatives have a 24-hour cancellation policy. I agree and acknowledge that I will compensate Boot Camps for Life in full if 24-hour notification is not given. There is a \$35.00 Fee on all returned checks. _____ (initials)