



# Athletic Combined Training Systems, LLC

## Agreement and Release of Liability/Testimonial

1. In consideration of being allowed to participate in the activities and programs of No BS NYC Boot Camps and to use its equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or any way arising out of or connected with my participation in any activities of boot camp fat loss training

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I understand this program does not provide any form of medical treatment, nor are its professionals, licensed medical practitioners. I hereby agree to expressly assume and accept any and all risks of injury or death.

3. **Photo/Video release:** In connection with my participation in the No BS NYC Boot Camps Health & Fitness Classes, Programs, or Workshops, I understand that video and pictures will be taken from time to time for the promotion for web, video, print or other digital formats. *Athletic Combined Training Systems "No BS NYC Boot Camps"* may quote from my comments and use only my first name and city in testimonials. I understand Athletic CTS will NOT give or publish my last name with my address or phone numbers to anyone! Before and after pictures WILL NEVER be used by Athletic Combined Training Systems, LLC with out prior written consent by me.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home/Cell/Work: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

**IMPORTANT: PLEASE FILL OUT HIS SECTION OF THE FORM. No BS NYC Boot Camps, Athletic Combined Training Systems, LLC and individual boot camp instructors shall not be held liable for personal injury or death resulting from incomplete, inaccurate, or “forgetting” information on this form!**

All attendees should seek professional medical advice prior to beginning any, fitness, nutrition, or health program.

1) Is this your first boot camp? (circle yes or no)            YES / NO

2) If no when did you last attend boot camp and where? \_\_\_\_\_

3) Rate you current fitness level on a scale of 1 – 10 (1 being horrible and 10 being great \_\_\_\_\_

4) Do you currently take any medication? If so list all medications below

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5) Do you have vertigo/ a seizure disorder and or epilepsy? (circle yes or no) YES / NO

6) Do you have Diabetes? (circle the type and yes or no) YES / NO    Type 1 or Type 2

7) Have you ever been found to be anemic (low blood count) circle yes or no: YES / NO

8) Do you have low blood pressure? Circle yes or no: YES / NO

9) Do you have high blood pressure (hypertension)? Circle yes or no: YES / NO

10) DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING DISEASES OR DISORDERS? (Circle Yes or No)

HEART DISEASE: YES / NO

LUNG DISEASE: YES / NO

LIVER DISEASE: YES / NO

KIDNEY DISEASE: YES / NO

ASTHMA: YES / NO

**SECTION TWO, PERSONAL FITNESS & MEDICAL HISTORY, CONTINUED**

HAVE YOU EVER HAD A SEVERE NECK INJURY? Circle Yes or No: YES / NO

IF SO, PLEASE LIST THE NATURE OF YOUR NECK INJURY: \_\_\_\_\_

HAVE YOU EVER BEEN KNOCKED OUT, OR HAD A CONCUSSION? Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

DO YOU WEAR PRESCRIPTION CONTACT LENSES OR EYEGLASSES? Circle Yes or No: YES / NO

HAVE YOU HAD A BROKEN OR FRACTURED BONE WITHIN THE LAST TWO YEARS? Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

HAVE YOU EVER INJURED YOUR BACK? Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

DO YOU HAVE BACK PAIN? (Mark a "X" to the option that applies)

Never \_\_\_\_\_ Seldom \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_ Frequently, but only with vigorous exercise and/or heavy lifting \_\_\_\_\_

HAVE YOU HAD ANY KNEE PROBLEMS IN THE LAST TWO YEARS THAT DISABLED YOU FOR LONGER THAN A WEEK?

Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

PLEASE DETAIL ANY SURGICAL PROCEDURES YOU'VE HAD \_\_\_\_\_

DO YOU HAVE ANY OTHER PHYSICAL CONDITIONS THAT CAUSE PAIN, OR ANY OTHER MEDICAL CONCERNS ABOUT

WHICH OUR STAFF SHOULD BE AWARE?

\_\_\_\_\_

FINALLY, WHAT ARE YOUR PERSONAL FITNESS GOALS FOR THE NEXT 5 MONTHS to a year?

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