



AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of NW Boot Camp LLC and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge NW Boot Camp LLC and its officers, agents, employees, representatives, 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 in any way arising out of or connected with my participation in any activities of NW Boot Camp LLC or the use of any equipment at the location of my NW Boot Camp LLC session.

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a 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 hereby agree to expressly assume and accept any and all risks of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use if equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Signature _____

Name _____ Date _____



INFORMED CONSENT WAIVER

"I, _____, have enrolled in a program of strenuous physical activity including, but not limited to, traditional aerobics, weight training, running, and the use of various strength and endurance fitness equipment offered by NW Boot Camp LLC. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise equipment."

"In consideration of my participation in NW Boot Camp LLC exercise program, I, _____, for myself, my heirs, and assigns, hereby release NW Boot Camp LLC (its employees and owners), from any claims, demands, and causes of action arising from my participation in the exercise program."

"I fully understand that I may injure myself as a result of my participation in NW Boot Camp LLC exercise program and I, _____, hereby release NW Boot Camp LLC from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise equipment."

I hereby affirm that I have read and fully understand the above.

Signature _____

Name _____ Date _____



Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- ___ ___ 1. Has your doctor ever said you have heart trouble?
 Yes, _____
- ___ ___ 2. Do you frequently have pains in your heart and chest?
 Yes, _____
- ___ ___ 3. Do you often feel faint or have spells of severe dizziness?
 Yes, _____
- ___ ___ 4. Has a doctor ever said your blood pressure was too high?
 Yes, _____
- ___ ___ 5. Has your doctor ever told you that you have a bone or joint problem(s),
 such as arthritis that has been aggravated by exercise, or might be made
 worse with exercise?
 Yes, _____



___ ___ 6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?

Yes, _____

___ ___ 7. Are you over age 60 **and** not accustomed to vigorous exercise?

Yes, _____

___ ___ 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?

Yes, _____

___ ___ 9. Are you currently taking any medications? If YES, please specify.

Yes, _____

___ ___ 10. Do you currently have a disability or a communicable disease? If YES,

Please specify,

Yes, _____

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness.

Signature _____

Name _____ Date _____



HEALTH QUESTIONNAIRE / CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Cell phone: _____ Home Phone: _____

Work number: _____ Email: _____

Height: _____ Weight: _____ Gender: _____

DOB: _____ Resting Heart Rate: _____ (beats in 1 minute)

Occupation: _____ Rate Your Fitness Level (1-10): _____

Emergency Contact: _____ Phone #: _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with **NW Boot Camp LLC**, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check **yes or no**.

Yes No

1. Do you have a heart condition?
2. Have you ever experienced a stroke?
3. Do you have epilepsy?
4. Are you pregnant?
5. Do you have diabetes?
6. Do you have emphysema?
7. Do you feel pain in your chest when you engage in physical activity?
8. Do you have chronic bronchitis?
9. In the past month, have you had chest pain when you were not doing physical activity?



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10. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
 11. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?
 12. Has a physician ever told you or are you aware that you have high blood pressure?
 13. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
 14. Has a physician ever told you or are you aware that you have a high cholesterol level?
 15. Do you currently smoke? What amount per Week _____ Day _____
 16. Are you a male over 44 years of age?
 17. Are you a female over 54 years of age?
 18. Do you have asthma?
 19. Do you have exercise induced asthma?
 20. Are you currently exercising Less than 1 hour per week? If you answered no, please list you current activities.

 21. Do you have any allergies? Please list:

 22. Do you have any prior surgeries? Please list:

 23. Are you currently taking any medications? Please list:



24. Are you currently taking any dietary supplements? Please list:

25. Do you have any prior surgeries? Please list:

26. What are your specific fitness goals? (Indicate all the apply)

- | | |
|------------------------------------|--------------------------------|
| 1. Increase strength and endurance | 6. Improve flexibility |
| 2. Improve cardiovascular fitness | 7. Improve muscle tone |
| 3. Reduce body fat | 8. Increase muscle mass |
| 4. Exercise regularly | 9. Injury Rehabilitation |
| 5. Sport conditioning | 10. Other (please be specific) |

27. What are your specific health goals? (Indicate all the apply)

- | | |
|-------------------------------|---------------------------------|
| 1. Reduce stress | 6. Control cholesterol |
| 2. Control blood pressure | 7. Achieve balance in life |
| 3. Stop smoking | 8. Reduce back pain |
| 4. Improve productivity | 9. Increase my health awareness |
| 5. Feel better overall | 10. Other (please be specific) |
| 6. Improve nutritional habits | |

28. What motivated you to work with **NW Boot Camp LLC**.?

1. Convenience/location
2. Membership promotion
3. Attended a Health promotion or workshop
4. Peer support
5. Medical reasons
6. Corporate membership
7. Other (Please be specific)



29. How did you hear about **NW Boot Camp LLC**?

- | | |
|-------------------------------|------------------|
| 1. Web | 6. Television |
| 2. E-mail | 7. Pod Cast |
| 3. Newsletter | 8. Newspaper |
| 4. Magazine | 9. Word of Mouth |
| 5. Other (Please be specific) | |

I have read, understood and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Signature _____

Name _____ Date _____