

Spring Boot Camp Tauranga

Name: _____

Address: _____

DOB: ____ / ____ / ____ Email: _____

Telephone H) _____ W) _____ M) _____

Emergency contact: _____ Relationship: _____

Telephone H) _____ W) _____ M) _____

Medical Conditions (past and present): _____

Conditions of Engagement (please tick box to confirm):

I agree that SWEAT BootCamp has advised me that this is a rigorous fitness programme and I accept total responsibility for participation in all exercises.

I understand that SWEAT BootCamp Trainers are not physician's and any information given in regards to a medical condition, including injury, is to be used as a guide only and should be followed up with my doctor.

I understand that if I feel pain or feel out of the ordinary in any way either related to my training, or otherwise, that I should advise SWEAT BootCamp Trainer immediately.

I understand that diet and nutrition will affect my fitness goals and performance during BootCamp. I choose to commit to eating well and exercising outside of BootCamp hours.

I understand that photos may be taken during the course of my involvement in BootCamp, which may be used for promotional purposes.

I understand there is no refund once I commence the BootCamp programme.

I understand that SWEAT BootCamp accepts no responsibility for participant's health, safety, injuries or loss for the duration of the BootCamp programme.

I _____ hereby agree to fully indemnify SWEAT BootCamp Trainers, and any subsidiaries, affiliates, employees and any other persons affiliated with SWEAT BootCamp. I acknowledge that I am fit and able to commence training and have been advised that I should consult with my Doctor before commencement of the BootCamp Programme. Activities conducted by SWEAT BootCamp are undertaken at my own risk

Signed: _____

Date: ____ / ____ / 2021

Please return completed form to Marcus Vercoe (SWEAT Manager),
First Floor Pohutukawa House, Tauranga Hospital, Private Bag 12024, Tauranga 3134.

sweat
staff wellness exercise and training