



Waiver, Release, and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness program provided to me by **Muddy Warriors, LLC** ("Trainer"), which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer's agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) ANY SLIP, FALL ON THE TRAINING GROUNDS; (4) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature

Date

Please print name



Parent or legal guardian (if participant is under age eighteen) Date

Please print name

Please bring your photo ID to the first workout with this form.

Photo/Video Waiver

Muddy Warriors will be taking photos and videos during their workouts and occasionally, we like to use these images for promotional purposes on our website and social media pages. We will not identify you by name in such photos or videos. Please indicate your preference below:

☐ I GIVE PERMISSION for my photos and/or videos to be used by Muddy Warriors on their website and other marketing materials to promote Muddy Warriors workouts.

☐ I DO NOT GIVE PERMISSION for my photos and/or videos to be used by Muddy Warriors on their website and other marketing materials to promote Muddy Warriors workouts.

Participant's signature Date

Please print name

BOOT CAMP REGISTRATION FORM

Please complete the following information accurately.

All information will be kept strictly confidential and will be used only to enhance the safety of the exercises you perform during the Boot Camp Program.

(Please print legibly)

Name: _____ Nickname: _____
Address: _____ City _____ ST _____ Zip _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____ Date of Birth: _____
Emergency Contact Name: _____ Phone No. _____

What type of fitness activities do you regularly perform? Please list number of days per week and duration of activity(ies). _____

Please check any of the following conditions that apply to you:

Have you ever been told by a physician that you have or have had any of the following?

- ☐ Heart attack ☐ Cancer ☐ Seizure ☐ Stroke
☐ Diabetes ☐ Lung Problems ☐ High cholesterol (>200)
☐ High blood pressure ☐ Arthritis ☐ Osteoporosis ☐ Exercise Induced Asthma

If you are currently taking any prescription(s) or over-the-counter medications, please list them:

Do you smoke? ☐ Yes ☐ No

Do you have any past injuries, or currently experience problems with, any of the following?

- ☐ Cramping ☐ Low Back ☐ Chest Pain ☐ Shin Splints ☐ Middle Back ☐ Neck
☐ Shoulders ☐ Hands ☐ Feet/Ankles ☐ Hips ☐ Calves ☐ Knees
☐ Fainting ☐ Dizziness ☐ Loss of Coordination ☐ Irregular heart beat ☐ Heat Intolerance
☐ Asthma ☐ Migraines ☐ Amenorrhea ☐ Fibromyalgia

List any recent surgeries:

Are there any additional issues or concerns you would like to disclose prior to beginning Boot Camp?

I realize that there are risks to all exercise, including injury and possible death, although every effort will be made to decrease any risk of injury. I take full responsibility for my participation in the Boot Camp Training Program. Knowing that I participate at my own pace, and that I am free to discontinue participation at any time, I will inform the Boot Camp Trainer of any problems immediately.

Signature: _____ Date: _____

BOOT CAMP GOAL SETTING QUESITONNAIRE

Name: _____ Date: _____

DEGREE of SATISFACTION with Current Level of Fitness <i>Check the best number for each aspect of your current fitness level, using this scale 4 = Very Satisfied 3 = Satisfied 2 = Dissatisfied 1 = Very Dissatisfied</i>	4	3	2	1
Amount of Energy				
Cardiovascular Endurance				
Muscular Strength & Endurance				
Flexibility of Hamstrings and Low Back				
Ability to cope with tension & stress				
Ability to relax				
Ability to get a good night's rest				
Low-back function				
Physical appearance/Body Weight				

AREAS OF IMPROVEMENT

Take a few moments to think about the areas of your life which you feel need improvement.
Briefly list areas of improvement below.

1. Specific Physical Problem:

2. Appearance of Particular Part of Body:

3. Ability to Participate in a Specific Sports (i.e. tennis, skiing, running, etc.)

4. Risk of a Health Problem:

5. Other:

BOOT CAMP BEHAVIORAL CHANGE CONTRACT

I _____ do agree that I will adhere to the suggested exercise and diet guidelines as set forth by _____ Boot Camp Program:

1. I will attend all Boot Camp Training Sessions at _____ am/pm on _____ (day(s)) for _____ weeks beginning on _____, 20____ and ending on _____, 20____.
2. I will keep a daily journal in which I record daily exercise activities.
3. I will keep a daily journal in which I record food and calorie consumption.
4. I commit to having positive thoughts and engaging in positive behavior throughout the duration of _____ Boot Camp Program.
5. Throughout the duration of the _____ Boot Camp Program, I commit to letting go of habit patterns that are unhealthy and negative and that have kept me from my goals in the past.
6. Throughout the duration of the _____ Boot Camp Program, I commit to forming new habit patterns that are healthy and positive to replace the old habit patterns in a constant effort to improve the areas of my life that I identified as needing improvement.
7. I commit to advising the _____ Boot Camp Program Trainer of any injury or illness I experience during the _____ Boot Camp Program.
8. I commit to performing modified exercises if the execution an exercise being performed during any of the _____ Boot Camp Program Training sessions results in pain or feels as if it could cause injury.
9. I commit to taking each day one at a time and to making positive changes every day for the duration of the _____ Boot Camp Program.
10. At the conclusion of the _____ Boot Camp Program, I commit to adopting and maintaining all of the positive changes and new habit patterns formed during the Boot Camp Program.

Signed _____ Date _____