

**FREEDOM BY FITNESS, SNAP-N-30 BOOTCAMP CLASS PERMISSION, RELEASE OF LIABILITY, MEDICAL RELEASE AND DISCLOSURE FORM**

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(Print Name)

I hereby expressly consent to participate in the FREEDOM BY FITNESS, SNAP-N-30 BOOTCAMP indoor and outdoor fitness class. I acknowledge that such participation will necessarily involve participation in exercises that may be physically demanding and will subject the participant to stress, anxiety and possible hazards. Some activities will include but not limited to strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training.

I understand that the activity involves inherent other risks of INJURY. I voluntarily agree to expressly assume all such risks, which may result from the activity or in any way related to my participation in the activity. Acknowledgement is hereby made that the activities of the boot camp fitness class will require me to spend time inside and outside in the heat, rain and cold.

In consideration of the right to participate in the activity, I hereby release from any legal liability faculty, staff, agents, instructors and all individuals assisting with the activity or injury or death caused by or resulting from my participation in the activity or in any way connected with my participation in the activity, whether such injury or death was caused by the alleged negligence another participant or any other person or cause. This agreement will apply for each and every day I engage in the activity without requiring me to sign an additional form for each day or activity. I hereby consent without further consideration or compensation to the use in full or in part of recording, photography or video images of my voice and myself for the purposes not limited to illustration, broadcast, internet or distribution in any manner.

I further agree to defend and indemnify for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of the facilities or equipment. I further agree to indemnify and hold harmless FREEDOM BY FITNESS BOOTCAMP fitness class it successors and or assigns and any of its employees, volunteers, supervisors and owners of the company against any liability incurred as a result of such injury or loss. Participants agrees to use exercises, techniques and strategies acquired through FREEDOM BY FITNESS, SNAP-N-30 BOOTCAMP fitness class for personal use only, shall not give any materials or information to others and shall not use such for any commercial endeavor that would be in direct or indirect competition with FREEDOM BY FITNESS BOOTCAMP, SNAP-N-30 fitness class. The bootcamp fee is non-refundable, however, there is a 3-day recission period.

I represent that I am in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense. I will notify FREEDOM BY FITNESS BOOTCAMP fitness camp in writing prior enrolling in the fitness class. I will contact a medical doctor before participating in any fitness class and if any injury occurs during the fitness class.

This agreement is governed by the laws of the State of Illinois, and exclusive jurisdiction shall be in the Circuit Court of Cook County, Illinois. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned, (individual, parent or guardian) acknowledges that she/he is signing this agreement on behalf of (themselves, or a minor) and that the (individual or minor) shall be bound by the terms of the agreement. This agreement shall be binding on the participant's assignees, subrogors, heirs, next of kin, executors and personal representatives.

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**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT.  
I VOLUNTARILY AGREE TO ITS TERMS.**

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Email address

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Address

City

State

Zip

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Cell Phone

Home Phone

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Signature of Participant

Date of Birth

Date

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Signature of Parent/Legal Guardian (If participant is under 18)

Date

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In the event of an emergency, please contact

Phone Number

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Trainer

Start Date

**FREEDOM BY FITNESS**  
837 East 162<sup>nd</sup> Street, Suite 8  
South Holland, IL 60473  
708-704-7309 or 708-395-1755  
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