



FIRESTORM
FITCAMPS!

a proud member of the



Name _____

D.O.B. _____

E-mail address _____

Phone # _____

Please read everything carefully and fill it out to the best of your capability. Thank you.

Please list any injuries, chronic illnesses (diabetes, COPD, asthma, etc) chronic aches and pains, previous surgeries or any other physical condition or ailment that may manifest itself during training or affect your training? Please describe in detail.

Please list previous sports or workout experience?

Are you currently on any medications? If so, please list:

Do you have any allergies to medications? If so, please list:

What prompted you to join this program?

What do you specifically hope to accomplish during this session?

Are you willing to commit to coming to every workout to make your goals a reality?

Liability Waiver

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Steve Payne, Firestorm Fitness Systems, LLC, Firestorm Fitcamps!, and Fitness Revolution™.

Having such knowledge, I hereby release Steve Payne, Firestorm Fitness Systems, LLC, Firestorm Fitcamps, Fitness Revolution™, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I understand during my exercise program, every effort will be made to assure my safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, I assume responsibility for these risks and waive any possibility for personal damage. I also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program. If you do have any medical issues that may be of concern, you further agree that a physician has cleared you to participate in a training and nutrition program.

A physician's examination is recommended for (1) all participants with any exercise restrictions; and (2) all men >44 years old and all women >54 years old. Coaching participants in either or both of these categories who do NOT have prior physician examination MUST acknowledge they have been informed of its importance. By signing below, I accept full responsibility for my own health and wellbeing and I acknowledge an understanding that the leaders of this program assume no responsibility.

Signature: _____ Date: _____

I Agree to the Following (Please sign below):

I will not use foul or offensive language of any kind.

I will not ridicule or mock any other participant. Firestorm Fitcamps are a safe environment for everyone to push themselves physically and mentally and I will make it a point to foster this environment. If I do hurt someone else physically or create an environment that is hurtful or unsafe for others, then I will be asked to leave the camp without a refund.

I will listen to the coach's instruction without side talk or interruptions. If you fail to do so and the coach has to repeat him or herself as a result of this, you will be given one warning. If you continue to be a disruption, then you will be asked to leave the current workout in the best interests of the group. However, please feel free to push and encourage each other during all other times.

I fully understand that it is entirely up to me, and me alone, to do what has to be done to get results. Therefore, I understand that:

Exercise AND Nutrition will directly affect any goals to be achieved from the Boot Camp (both good and bad). **I FULLY understand that I should not expect noticeable results if I am less than 90% compliant to BOTH my exercise program AND my nutrition program. I understand that if I am compliant with 90% attendance, 90% tracking of my nutrition, and follow the nutrition advice yet I am unsatisfied with the service provided I will receive a full refund. I understand that I must meet these guidelines in order to receive a refund. No Exceptions!**

I agree to come to every workout in a timely manner by arriving to perform my pre-workout routine at least 5-10 minutes before the official start of the workout. I will not be allowed to participate if I arrive more than 15 minutes after the official start of that workout, as I will have missed the critical group warm-up. I understand that this warm-up is an essential part of having both a productive workout and preventing both short-term and long-term injuries. Furthermore, I will only be provided with one "late pass" per phase of the program, unless there are extenuating circumstances beyond my control as agreed upon by my head coach. I fully understand that if I am more than 15 minutes late on 2 separate occasions during any phase of the program, I will only be allowed to re-join the group during the next phase of the program without refund. I agree to come to every workout with the exception of a doctor-approved absence, family emergencies, or a pre-approved absence from a coach.

I understand that there are no refunds for absences. **No exceptions!** I am committed to consistently attending the scheduled Boot Camps, so this is not a concern for me.

I understand that there are no refunds once the camp started. If I cannot attend the camp, a credit will be issued for a future camp of the same length.

I will have a positive attitude; have fun and not use the words "no", "can't". Instead I will say, "I will try my best" (or something like that). I will allow the coaches to push me and show me that I am stronger than I ever imagined.

Signature: _____

Date: _____

Firestorm Fitness Systems Video Release/Waiver

I am aware that Steve Payne, Firestorm fitcamps!, Firestorm Fitness Systems, LLC may record workouts/ boot camps for later use on television segments, websites, promotional materials, or in any other way they see fit.

By signing this document I hereby authorize Firestorm Fitness Systems to use my name and likeness, voice, verbal statements, videotaped pictures for any of the aforementioned purposes.

Print Name: _____

Signature: _____ Date: _____