

Diva Fitness Bootcamp

Liability Release and Medical Questionnaire

Diva Name: _____

Age: _____ Date of Birth: _____

Address: _____

City : _____ State: _____ Zip: _____

I wish to participate and be trained at the Diva Fitness Bootcamp program at various locations (Bandy Field, Richmond University, St Christopher School, Mary Munford or nearby surrounding area). The undersigned understands that in such locations injuries can occur and will accept full responsibility.

Member represents that she is in good physical condition and able to use the equipment provided, and participate in the Diva Fitness Bootcamp. Diva Fitness Bootcamp represents that its personnel are trained in providing a safe program and instructions and proper use of our equipment. Diva Bootcamp further represents that its personnel have no expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effects of any specific exercise on any medical conditions.

Members fully understand and agree that using the fields or locations, and participating in the bootcamp program, including doing exercises, may not be suitable for all fitness levels. However, alternatives will be demonstrated and the level moderated. Diva Fitness Bootcamp instructors understand there are physical limitations and one would not be expected to perform beyond those limitations. With any physical activity, there is a level of possible physical injury. Member agrees to indemnify Diva Fitness Bootcamp from all liability on the part of Diva Fitness Bootcamp, our instructors and related members. Members assume full responsibility for all actions during and in connection with the training and understand it is their responsibility to obtain their own medical insurance coverage. It is recommended that you do a physical before attempting any physical activity.

In case of an Emergency contact:

Name: _____

Address: _____

Phone () _____

Relationship: _____

Name: _____

Address: _____

Phone () _____

Relationship: _____

Medical History:

Doctor Name: _____

Phone () _____

Is student currently under doctor's care? YES OR NO

MEDICAL HISTORY

If you are returning and have no medical changes, the medical section below does not need to be completed. All agreements remain the same. NOTICE: It is wise to seek your doctors advice before beginning any health/fitness/nutrition program!

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?

2. Do you take any prescribed medication on a permanent or semi-permanent basis?

3. Do you have a seizure disorder (epilepsy)? Yes No

4. Do you have diabetes adult or juvenile? Yes No

List medications:

5. Have you ever been found to be anemic (low blood count)? Yes No

6. Do you have high blood pressure (hypertension)? Yes No

List medications:

7. Do you have or have you ever had the following diseases?

Heart disease: Yes No

Lung disease: Yes No

Kidney disease: Yes No

Liver disease: Yes No

8. Do you have asthma? Yes No

List medications:

9. Have you ever had a severe neck injury? Describe:

10. Have you ever been knocked out? Describe:

11. Do you wear glasses or contact lenses? Yes No

12. Have you had a broken bone or fracture in the past 2 years? Describe:

13. Have you ever injured your back? Describe:

14. Do you have back pain?

Never Seldom Occasionally Frequently w/vigorous exercise or heavy lifting

15. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:

16. Do you have other physical conditions which cause pain? Describe:

17. Detail any surgical procedures:

Agreement Diva Fitness Bootcamp LLC
Rules Compliance

I, _____, agree that as a condition of being allowed to participate in the Diva Fitness Bootcamp Training Program conducted by Diva Fitness Bootcamp LLC, I will obey all rules and all instructions or orders given by staff members. I agree that if I fail to comply with rules or instructions or orders given by staff members, either by my intentional acts or my unintentional acts, I will not be allowed to continue with the training or any future training conducted by Diva Fitness Bootcamp LLC. I also understand class fees including deposits are non-refundable.

I understand that compliance with program rules and the instructions and orders of staff is essential because this program may have a workout which if done incorrectly can cause injury. I agree that children are not allowed during workouts, visitors are not allowed unless it is a "bring a friend week", which is the last week of each month. Please respect these rules as you will a private club or a gym.

Rules and Regulations:

Please respect your fellow workout partners

Children over the age of 14 year are allowed to join Divas with parental consent and parent must be participating.

Children Under the age of 14 are not allowed during the workout

Guest are not allowed unless it is bring a friend week (last week of each month)

Name _____ Date: _____

This release is entered into between the undersigned and Diva Fitness Bootcamp LLC, The purpose of Diva Bootcamp is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agrees to the following:
That Diva Boot Camp Coaches are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.

1. That Coaching/training is another tool for teaching athletes/individuals about themselves, but Diva Bootcamp does not guarantee either good or bad results.
2. The undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact their physician at once.
3. Boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. The undersigned assumes the risks of participating in these types of events/activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waives, releases, discharges and agrees not to sue from any liability of death, disability, personal injury, or action of any kind.

The Undersigned agrees that this is the full agreement between the parties, that Diva fitness Boot camp, nor anyone else has verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or intimidation.

Check the following:

- I will remember to set my alarm and be at camp on time any excuse that is not acceptable will result in twenty pushups.
- I agree that I will not consume alcohol during My basic Training period of Boot Camp. Any violation will result in twenty push-ups per occurrence.
- I agree not to use foul language or smart remarks during Boot camp. Any violation will result in twenty push-ups per occurrence.
- I agree to work on my eating for the two weeks session, no junk food like Cake, chocolate or sodas during the course of Boot camp. Any violation will result in twenty push-ups per occurrence.
- I agree to show up for Boot camp every day unless it is an excused absence from my doctor or pre-approved with Boot camp director. Any violation will result in twenty push-ups per occurrence.
- I understand that photos or video may be taken during the course of my involvement in Boot Camp, which may be used for promotional purposes. I understand that my "before & after" photos will not be used for any promotional purposes unless I give written authorization.

Sign: _____ Date _____

Diva Services and Payment Policy

Types of Membership:

Active Membership: Diva who has completed the two week training program and signs and 6 month consecutive contract , month to month or year.

Inactive Membership – Divas who participate in Boot Camp on a selective monthly basis, This Diva attends diva's selectively however, will be covered under Diva Fitness Liability service. They do not have to sign automatic contract, but can still pay one line. Payment must be made before the first day of attending class.

Fees:

Active Membership - \$90.00 per month

Inactive Membership - \$120.00 per month

Discounts:

6 months of services –\$510.00

12 months of services - \$960.00

Payment:

Active Member: Will be charged on a monthly automatic withdrawal

InActive Member: Payments received after the 7th of each month will be subject to a \$25.00 late fee
Divas will not be permitted to attend class after the 7th of each month until payment is made in full

DIVA FITNESS BOOTCAMP LLC
MONTH-MONTH FITNESS MEMBERSHIP AGREEMENT

I, _____, agree to pay Diva Fitness Bootcamp LLC., its successors or assigns (Diva Fitness Bootcamp), the amount of Ninety dollars (\$90) (“Service fees”) every month of participation in the Diva Fitness bootcamp Training Membership Program. The service fee may be adjusted annually by the Diva fitness on at least (2 months) notice to me.

Pay Pal of ninety dollars shall automatically withdraw payment of the service fee each month (\$90), with the first payment being due upon signing this agreement, and \$90 dollars will be taken out until you cancel your payment a month in advance with a letter of recognition to Diva fitness LLC. Payment received after the 7th day of the first day of the month will incur a \$25 for inactive member’92s late fee. Payment received after the 15th of the month will incur a \$ 30 dollars.

In the event that I cease, for any reason to participate in the Diva Fitness Bootcamp Training Program, I understand that I am still liable for the unpaid balance of the service fee, payment of which shall be due and payable as set forth above. I agree that I will be responsible for all reasonable legal fees and other cost incurred by Diva Fitness in collecting any amounts owing under this agreement, in addition to all other remedies available to Diva Fitness. I understand and agree that the waiver and rules and compliance forms completed by me during the two weeks Basic Training class will continue to be binding on me for the duration of my participation in the Diva Fitness program. I agree that my name can be included on the Diva fitness email list and that Diva Fitness may communicate notice or other information to me via email. I also consent to Diva Fitness using photographs containing my likeness on the Diva Fitness Website or in Diva Fitness other promotional or advertising materials, without compensation to me.

Diva Fitness reverse the rights from time to time to establish general policies that apply to all fitness program members regarding attendance, conduct, safety, contract cancellation and other relevant subjects, and to modify these polices. Any such policies will be communicated to you two (2) weeks prior to changes date. This agreement shall be self- renewing on the same terms and conditions unless written notice to cancel is given by either Diva Fitness or me at least thirty days prior to expiration of this agreement. This agreement Is the final understanding between the parties and replaces any prior negotiation, discussions or agreement between the parties. This agreement may not be modified or amended in completely or in part, without the written consent of both parties.

Sign Name: _____ Date: _____
Name (print): _____
Address: _____

DIVA FITNESS BOOTCAMP PHYSICAL TRAINING LLC
TWELVE –MONTH FITNESS MEMBERSHIP AGREEMENT

I, _____, agree to pay Diva fitness Bootcamp LLC., its successors or assigns (Diva Fitness Bootcamp), the amount of Nine Hundred Sixty dollars (\$960.00) (“service fees”) for twelve consecutive months participation in the Diva fitness bootcamp Training Membership Program. The service fee may be adjusted annually by the Diva fitness on at least (2 months) notice to me, however will not affect those under the contact.

Paypal shall automatically withdraw payment of the service fee in one lump sum the first payment being due upon signing this agreement, Payment received after the 5th day of the first day of the month will incur a \$10 late fee. Payment received after the 15th of the month will incur a \$ 15 dollars.

In the event that I cease, for any reason to participate in the Diva Fitness Bootcamp Training Program, I understand that I am still liable for the unpaid balance of the service fee, payment of which shall be due and payable as set forth above. I agree that I will be responsible for all reasonable legal fees and other cost incurred by Diva Fitness in collecting any amounts owing under this agreement, in addition to all other remedies available to Diva Fitness. I understand and agree that the waiver and rules and compliance forms completed by me during the two weeks Basic Training class will continue to be binding on me for the duration of my participation in the Diva Fitness program. I agree that my name can be included on the Diva fitness email list and that Diva Fitness may communicate notice or other information to me via email. I also consent to Diva Fitness using photographs containing my likeness on the Diva Fitness Website or in Diva Fitness other promotional or advertising materials, without compensation to me.

Diva Fitness reserve the rights from time to time to establish general policies that apply to all fitness program members regarding attendance, conduct, safety, contract cancellation and other relevant subjects, and to modify these polices. Any such policies will be emailed to you two (2) weeks prior to changes date. This agreement shall be self- renewing on the same terms and conditions unless written notice to cancel is given by either Diva Fitness or me at least thirty days prior to expiration of this agreement. This agreement Is the final understanding between the parties and replaces any prior negotiation, discussions or agreement between the parties. This agreement may not be modified or amended in whole or in part, without the written consent of both parties may not be modified or amended, in whole or in part, without the written consent of both parties.

Sign Name: _____ Date: _____
Name (print): _____
Address: _____

DIVA BOOTCAMP PHYSICAL TRAINING LLC.
SIX –MONTH FITNESS MEMBERSHIP AGREEMENT

I, _____, agree to pay Diva fitness Bootcamp LLC., its successors or assign (Diva Fitness Bootcamp), five hundred and ten dollars (\$510.00) (“service fees”) The service fee may be adjusted annually by the Diva fitness on at least (2 months) notice to me.

Pay pal in one lump sum shall automatically withdraw payment of the service fee. The payment being due upon signing this agreement, payment received after the 5th day of the first day of the month will incur a \$10 late fee. Payment received after the 15th of the month will incur a \$ 15 dollars.

In the event that I cease, for any reason to participate in the Diva Fitness Bootcamp Training Program, I understand that I am still liable for the unpaid balance of the service fee, payment of which shall be due and payable as set forth above till the duration time of the contract. I agree that I will be responsible for all reasonable legal fees and other cost incurred by Diva Fitness in collecting any amounts owing under this agreement, in addition to all other remedies available to Diva Fitness.

I understand and agree that the waiver and rules and compliance forms completed by me during the two weeks Basic Training class will continue to be binding on me for the duration of my participation in the Diva Fitness program. I agree that my name can be included on the Diva fitness email list and that Diva Fitness may communicate notice or other information to me via email. I also consent to Diva Fitness using photographs containing my likeness on the Diva Fitness Website or in Diva Fitness other promotional or advertising materials, without compensation to me.

Diva Fitness reserve the rights from time to time to establish general policies that apply to all fitness program members regarding attendance, conduct, safety, contract cancellation and other relevant subjects, and to modify these polices. Any such policies will be emailed to you two (2) weeks prior to changes date.

This agreement shall be self- renewing on the same terms and conditions unless written notice to cancel is given by either Diva Fitness or me at least thirty days prior to expiration of this agreement. This agreement Is the final understanding between the parties and replaces any prior negotiation, discussions or agreement between the parties. This agreement may not be modified or amended in whole or in part, without the written consent of both parties may not be modified or amended, in whole or in part, without the written consent of both parties.

Sign Name: _____ Date: _____
Name (print): _____
Address: _____