

Ultimate Body Boot Camp

GET RESULTS. ULTIMATE RESULTS.



Medical History & Release

Ultimate Body Boot Camp, LLC
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Personal Information

Name: _____ B-Day: _____
(First) (Last)

Street Address: _____ City: _____ Zip: _____

Home: _____ Work: _____ Cell: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship to you: _____
(First) (Last)

Home: _____ Work: _____ Cell: _____ Email: _____

What are your GOALS with Ultimate Body Boot Camp, LLC? (Be Specific)

Photo Release

Ultimate Body Boot Camp, LLC takes photographs and video footage of its participants for posting on its website, promotional material, press releases and other forms of public display. Initial the "yes" box if you release Ultimate Body Boot Camp, LLC to use images of yourself or initial the "no" box if you do not wish images of yourself to be displayed. YES NO INITIALS: _____

Medical Information

Do you have a history of the following?

BOX 1

| | | | |
|----------|--|----------|-----------------------------|
| YES / NO | Heart attack | YES / NO | Heart surgery |
| YES / NO | Cardiac catheterization | YES / NO | Coronary angioplasty (PTCA) |
| YES / NO | Heart valve disease | YES / NO | Heart failure |
| YES / NO | Heart transplant | YES / NO | Congenital heart disease |
| YES / NO | Pacemaker / implantable cardiac defibrillator / rhythm disturbance | | |

Do you have any of the following symptoms?

| | | | |
|----------|---|----------|--|
| YES / NO | You experience chest discomfort with exertion | YES / NO | You experience unreasonable breathlessness |
| YES / NO | You experience dizziness, fainting, blackouts | YES / NO | You take heart medications |

Please mark ALL true statements

BOX 2

| | |
|---|---|
| _____ You are a male older than 45 years | _____ You smoke |
| _____ Your blood pressure is greater than 140 / 90 | _____ You take blood pressure medication |
| _____ Your blood cholesterol is greater than 240 mg / dL | _____ You are 20 pounds or more overweight |
| _____ You are diabetic or take medication to control your blood pressure | _____ You have been diagnosed with kidney disease |
| _____ You have muscular problems | _____ You are pregnant |
| _____ I do not know my cholesterol level | _____ I do not know my blood pressure |
| _____ You are a woman older than 55 years or you have had a hysterectomy or you are post menopausal | |

_____ You have a close blood relative who had a heart attack before age 55 (father or brother)

BOX 2 Continued

_____ You have a close blood relative who had a heart attack before age 65 (mother or sister)

_____ You have been diagnosed with thyroid or other endocrinological disorder

_____ You have respiratory problems, such as asthma, chronic bronchitis, emphysema or COPD

_____ You have arthritis, orthopedic problems or have had a previous injury (please describe in box below)

_____ You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days/week)

Injuries

BOX 3

Please check if the following has occurred and SPECIFY bone, muscle, joint etc.

Date of Injury:

Broken Bones _____

Sprain/Strain _____

Ligament, Tendon, or Cartilage _____

Joint Injury _____

Chronic Pain _____

Carpel Tunnel Syndrome _____

Back Injury _____

Other _____

YES / NO Are you currently being treated for any injuries

If yes, please specify treatment: _____

Lifestyle

Are you:

Generally Sedentary A Weekend Exerciser Physically active 1-2 times a week Physically active 3 or more times a week

YES / NO Do you currently have an exercise program? If yes, please describe: _____

List all medications you take on a regular basis:

| Medication | Reason |
|------------|--------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Other Comments/Health Issues?

I understand that I may be undergoing physical exertion while participating in services and activities at or associated with Ultimate Body Boot Camp, LLC and I certify that my level of physical fitness is sufficient for the activities in which I choose to take part. In acknowledging that I am aware of and willing to assume the risks associated with these activities and services, I hereby voluntarily agree to waive, hold harmless and indemnify the Owners of Ultimate Body Boot Camp, LLC and its agents, trainers and employees from any and all claims demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary participation in services and activities at or associated with Ultimate Body Boot Camp, LLC. I further agree not to directly or indirectly compete with the business of the Ultimate Body Boot Camp, LLC and its successors during the period of 1 year. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

YES / NO I have read and understood the questions asked. I verify that all the information noted above is accurate to the best of my knowledge.

Signature of Participant (or Guardian): _____ Date: _____

Print Name: _____ Camp Location: _____

Camp Session: A B RC 12 weeks (3 days) 12 weeks (2 days) Park Name: _____