



BOXING REGISTRATION FORM

Name.....Date.....

Address.....

DOB.....Email.....

I am registering for: (please insert month/s – max 3 months)

.....

Telephone H)..... W)..... M).....

Emergency Contact.....Relationship.....

Telephone H)..... W)..... M).....

Medical Conditions (past or present).....

Conditions of Engagement (please confirm with tick):

- I understand that I am required to attend two sessions per week for 4 weeks.
- I agree that Peninsula Boot Camp has advised me that this is a rigorous fitness program and I accept total responsibility for participation in all exercises.
- I understand that Ty Hanley (Sarge) is not a physician and any information given in regards to a medical condition, including injury is to be used as a guide only and should be followed up with your doctor.
- I understand that if I feel pain or feel out of the ordinary in any way either related to my training, or otherwise, that I should advise Ty Hanley (Sarge) immediately.
- I commit to give 100% effort to myself and my fitness at each class and will bring a positive attitude!
- I understand that diet and nutrition will affect my fitness goals and performance during boxing. I choose to commit to eating well and exercising outside of boxing hours.
- I understand that photos may be taken during the course of my involvement in Boot Camp Boxing, which may be used for promotional purposes
- I understand there is no refund once I commence the 4 week program.
- I understand that Peninsula Boot Camp reserves the right to change the program format and accepts no responsibility for participant's health, safety, injuries or loss during the duration of the 4 week program.

I herewith agree to fully indemnify Ty Hanley, Peninsula Boot Camp, and any subsidiaries, affiliates, employees, agents and any other persons affiliated with Peninsula Boot Camp. I acknowledge that I am fit and able to commence training and have been advised by Ty Hanley that I should consult with my Doctor before commencement of the BOOT CAMP Boxing Program. Activities conducted by Peninsula BOOT CAMP are undertaken at my own risk.

SignedDate.....



PENINSULA BOOT CAMP MEDICAL CONSENT FORM

Please read and sign the following:

I _____ of _____

understand that there exists the possibility that certain abnormal changes and risks may occur during training or testing sessions. I understand that I am responsible for monitoring my own condition throughout the tests and training sessions, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Efforts will be made to minimize these occurrences by preliminary screening and precautions and observations during the testing or training. I understand and accept that the possibility may and does exist that accidental or unavoidable discomfort or injury may occur. In the event that a medical clearance is required, I understand that it is my responsibility to ensure this clearance is obtained. Without a clearance I understand that Peninsula Boot Camp may decide no further training of myself can take place until this medical clearance is obtained. I understand that this clearance will be treated as privileged and confidential, as will all other personal details and that these will not be released or revealed without my express written consent.

I understand and agree that in the event of injury or illness, whilst in attendance at a Peninsula Boot Camp, I give my permission for a representative of Peninsula Boot Camp to make decisions on my behalf concerning the most appropriate action to be taken with respect to my condition. In signing this form, I affirm that I have read it in its entirety and that all my questions regarding the testing and proposed exercise regime have been answered to my satisfaction. My participation is totally voluntary; I know that I can discontinue my participation at any time without penalty. I agree to assume the risk of such testing and exercise, and further agree to hold harmless Peninsula Boot Camp its subsidiaries, affiliates, employees, agents and any other persons associated from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise arising in any way from the testing or exercise regime.

If you have / had any medical condition and/or are above 35 years of age – do you have medical clearance to undertake regular and reasonable exercise?

Tick and sign appropriate box

YES _____

If you tick and sign NO you acknowledge that we advise you to obtain suitable medical clearance

NO _____

Ty Hanley (for Peninsula Boot Camp)