

GET - FIT GLENVILLE LLC

Boot Camp Class

If you want to tone up, lose weight, stay in shape or increase your energy level, this is for you!

Invest in your health!

Boot Camp Workout:

Circuit style workout consisting of strength, core & cardio exercises modified to your fitness level

Sessions:

Tuesday and Thursday 6:30 p.m. - 7:30 p.m.

Space is **limited** so reserve your spot today!*

\$60 per month, \$10 per class prepaid**

Location:

Bendheim Western Greenwich Civic Center
449 Pemberwick Rd, Greenwich, CT 06831
(Community Room)

*Contact Judy Eng, Fitour Certified Group Fitness Instructor to register and for all questions

**\$100 for 10 prepaid classes, must be used within 60 days, all fees payable by cash/check/Venmo

Phone: (203) 988-1275 Email: GetFitGlenville@gmail.com

BOOT CAMP REGISTRATION FORM
GET - FIT GLENVILLE LLC

NAME: _____ DATE: _____

HEIGHT: _____ WEIGHT: _____ lbs

DATE OF BIRTH: _____ AGE: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT & PHONE: _____

I wish to register for:

\$60 monthly

\$100 for 10 class punch card (valid for 60 days from date of purchase)

Please complete and return with your payment by the first of each month. If paying by check, please make payable by **Get-Fit Glenville LLC**

Medical History:

Have you ever had any pain or injuries (ankle, knee, hip, back shoulder, etc)? If yes, please explain:

Have you ever had any surgeries? If yes, please explain: _____

Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain: _____

Are you currently taking any medications? If yes, please list: _____

Signature: _____ Date: _____

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Release/Waiver:

NOTICE: It is wise to seek your doctor's advice before beginning any Health/Fitness/Nutrition program!

I, _____ desire to participate in the Boot Camp offered by Judy Eng and Get-Fit Glenville LLC. I am aware that participating in Boot Camp involves strenuous physical activity.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

1. Acknowledges that Judy Eng is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that training is another tool for teaching athletes/individuals about themselves, but that Boot Camp does not guarantee neither good nor bad will occur nor guarantees the training advice given by Boot Camp will provide good or bad results.
3. Acknowledges that the undersigned has been told that 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 a physician as soon as possible.
4. Acknowledges that boot camps, aerobic classes, kick boxing, running, weight training, 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. That the undersigned assumes all risks of such exercise, and hereby release and hold harmless Judy Eng, Get-Fit LLC, and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the exercise classes.
5. Acknowledges that there are no refunds for missed classes. By submitting this form I agree to all Terms and Conditions listed above.

Signature: _____

Date: _____