



## **Inland Empire Boot Camp 1.800.680.2803**

**Congratulations on your choice to get fit and have fun!**

**Here are some important things to remember:**

- Please ALWAYS arrive on time!
- Unless otherwise instructed, bring your 5 lbs or 8 lbs hand weights, a yoga mat and water each day.
- Bring your completed paperwork on the first day
- Avoid all four letter words except “Yeah!”
- If you MUST miss a day, let your instructor know before that day arrives!
- Give 110% effort!
- If you have an unusual ache or pain, tell your Instructor immediately!
- You MUST have fun!!!
- Running Shoes are the best shoes for camp. Not cross-trainers or walking shoes!
- Avoid perfumes!
- You must eat something simple & small before class. Bring a snack for your car to keep your blood sugar levels stable

*We attempt to hold camp rain or shine. If you have any questions as to whether camp will be held call **909.556.9325***

# Medical history questionnaire and liability release form

1.800.680.2803

Are you ready to start your adventure? Follow these instructions:

1. Please print your information clearly
2. Bring this information with you to your first day of camp. This info must be filled out in order for you to participate.
3. If you have medical issues that you think might preclude you from participating give us a call, prior to your first day, so we can discuss it!

**NOTICE:** *It is wise to seek your doctor's advice before beginning any health or fitness program!*

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Profession: \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_  
Emergency Contact and phone number \_\_\_\_\_

I'm signing up for the camp beginning on this date \_\_\_/\_\_\_/\_\_\_\_\_.  
The start time for my camp is \_\_\_ 5:30 AM \_\_\_ 6:00pm

Is this your first camp? \_\_\_\_\_ The last camp I attended was \_\_\_\_\_

Best # to reach me at (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_ I understand I will be emailed by IEABC \_\_\_\_\_

I rate my current fitness level as a \_\_\_\_\_ (1-10), ten being high.

I was referred by \_\_\_\_\_.

My main goal is to \_\_\_\_\_.

**If you did not pay on line Please fill out the following information:**

**Option #1** - 3 days per week boot camp only for (4week session) \$299 \_\_\_\_\_

**Option #2** - Addicted program \$99 \_\_\_\_\_ (*I understand this program requires a 6 or 12 month commitment from me and my total charge upon signing up will be \$99.00 after that my card will be billed every 30 days for 6 or 12 consecutive months. After my initial commitment is over I can cancel anytime with a 30 day written notice or continue as long as you like, for just \$99 a month!*)

**We accept: Visa & MasterCard**

My card number is \_\_\_\_\_

Expiration \_\_\_/\_\_\_ 3 Digit Code on back \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address of Card \_\_\_\_\_

Authorized signature \_\_\_\_\_

**MEDICAL HISTORY**-----

**Health:** You represent that you do not have any health condition that strenuous exercise could make worse. You understand that our trainers are not medically trained in any way to monitor your health during exercise. You agree to contact your own doctor for any questions regarding your ability to exercise safely. This program is for your recreational use only. **Initial here** \_\_\_\_\_

---

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? If Yes, list \_\_\_\_\_
3. Do you have a seizure disorder (epilepsy)? Yes No
4. Do you have diabetes Adult or Juvenile? Yes No
5. Have you ever been found to be anemic (low blood count)? Yes No
6. Do you have High or Low Blood Pressure)? Yes No
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
- *If you have answered YES in this section, please call the office 909-556-9325 prior to starting your training to obtain a doctor's release form.*
8. Do you have asthma? Yes No
9. Have you ever had a severe neck injury? Yes/No Describe:
10. Have you ever been knocked unconscious? Yes/No Describe:
11. Have you had a broken bone or fracture in the past 2 years? Yes/No Describe:
12. Have you ever seriously injured your back? Yes/No  
How often do you experience back pain? Never / Seldom / occasionally / frequently with vigorous exercise or heavy lifting Describe:
13. Have you had knee pain in the past 2 years that has disabled you for longer than a week? Describe:
14. Do you have other physical conditions which cause pain or would preclude you from attending Boot camp? Yes/No If Yes, Please Describe:\_\_\_\_\_
- \*Gentlemen skip questions 15 and 16.
15. Are you pregnant? Yes/No

16. Did you have a baby within the last 6 months? If so when? \_\_\_\_\_

17. Detail any surgical procedures:

18. Have you had your body fat tested?            If yes, what percent is it?

19. Are you training for a specific event?    If yes, explain:

20. **What specifically do you want to accomplish during your first camp?** \_\_\_\_\_

---

21. **What programs and diets have you participated in, in the past?** \_\_\_\_\_

---

22. **Which of those programs worked for you and which didn't?** \_\_\_\_\_

---

23. **What are you willing to do different this time? What are you willing to change in order to get the results you are after?** \_\_\_\_\_

---

**Initial the following:**

\_\_\_\_\_ I agree to follow all instructions of your trainer. You must turn off your cell phones and Ipods and not use them during boot camp.

\_\_\_\_\_ I agree that I will not consume alcohol during the boot camp. Any violation will result in twenty push-ups per occurrence.

\_\_\_\_\_ I agree not to use foul language during boot camp. Violations will result in twenty push-ups per incident

\_\_\_\_\_ I agree not to eat or say the words Twinkie, *Krispy Kreme donuts, frappucinos, french-fries, pizza, ice cream, Slurpies, chocolate bars, chips, pies, pastries, Ho-Ho's, Ding Dongs, or cupcakes* 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 directors. 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.

\_\_\_\_\_ **I understand there is a no refund policy with the exception of the Results Guarantee Enrollment only available at my Pre-Camp Evaluation**, but I may be entitled to a credit (for unused portion of camp) towards a future camp, at Inland Empire Boot Camp's discretion, if I'm not able to complete the camp I originally joined. **Camp fees cannot** be used towards any other products or services provided by Inland Empire Boot Camp.

\_\_\_\_\_ I will remember to set my alarm and be at camp ON TIME.

# 6 or 12 month Boot Camp option

**If you have chosen a 6 or 12 month Boot Camp option you must fill this form out and bring it with you to your first day of camp along with your medical history questionnaire.**

Congratulations on making a long term commitment to your health and well being! WE here at Inland Empire Boot Camp are very excited that you have chosen to trust us with your health and fitness needs!

At Inland Empire Boot Camp we do our best to make our client's Boot Camp experience not only as fun as possible but also as affordable as possible. We understand that not all of our clients wish to pay for their six month or annual membership, in full, in advance and so we have implemented a payment system that will enable you to enjoy all the benefits of Boot Camp with an easy payment plan.

Because you are receiving a discount we need to be very clear that by signing up for this program you are required to hold up your end of the bargain and complete the minimum payments required for the full extent of your contract regardless of whether you remain in camp or stop. \_\_\_\_\_ (initial)

This letter confirms that you \_\_\_\_\_ (print name) understand that you have entered into a contract with Inland Empire Adventure Boot Camp, Inc. and have agreed to pay for a \_\_\_\_\_ month membership in installments. Your credit card will be charged \$\_\_\_\_\_ every 30 days for a (minimum) period of \_\_\_\_\_ months. After which your membership will convert into a month to month membership. **Once your minimum contract requirements have been met you may cancel at anytime with a 30 day written notice** emailed to [Inlandempirebootcamp@yahoo.com](mailto:Inlandempirebootcamp@yahoo.com) or [staff@inlandempirebootcamp.com](mailto:staff@inlandempirebootcamp.com) attention: billing.

**Question-** What if something happens and I need to get out of the contract early?

**Answer- Loop Hole!** We will allow you at any point before the contract is over to opt out, by paying the difference between the full priced boot camp membership and your discounted membership for time enrolled. The full price for 1 month of boot camp is \$299 per month. An example would be after two months of being enrolled in boot camp you decide to stop and you have been billed \$198. To get out of the contract you would owe \$400 to be released ( $299 \times 2 = 598$ ).

We look forward to a long and healthy relationship and can't wait to help you get to your goals as quickly and enjoyably as possible!

\_\_\_\_\_ (signature)                      \_\_\_\_\_ date

## Assumption of Risk, Waiver and Release of Liability, and Miscellaneous Provisions

BEFORE SIGNING THIS ACKNOWLEDGMENT OF RISK, WAIVER AND RELEASE OF CLAIMS (THIS "AGREEMENT"), YOU MUST READ THIS AGREEMENT VERY CAREFULLY. IF AN ACCIDENT WERE TO OCCUR INVOLVING YOU, YOU (BY SIGNING THIS AGREEMENT) WOULD BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS AGREEMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS AGREEMENT, YOU SHOULD NOT SIGN IT AND SHOULD SEEK ADVICE FROM YOUR LEGAL COUNSEL.

This release is entered into between the undersigned and Inland Empire Adventure Boot Camp, Inc. The purpose of Inland Empire Adventure Boot Camp, Inc. is to provide health and fitness instruction. In consideration of the permission to use the facilities, equipment, services, premises, and products provided at Inland Empire Adventure Boot Camp, INC (hereafter IEABC, INC) today, and at any time in the future, I the undersigned hereby acknowledge that the following was explained to me (if I formally requested in writing) and/or agrees to the following:

1. **Assumption of Risk:** I understand that any physical activity carries with it an inherent risk of injury. Strength training can involve strenuous exertions of various muscles placing stress on the muscles, bones, and joints. Cardiovascular training can involve sustained physical activity placing stress on the heart, arteries, and blood pressure. Risk of injury may be minor such as soreness, sprains, strains, and bruises, or serious such as heart attack, stroke, paralysis, and death. I understand these risks and agree to assume all risk of injury or illness associated with exercise and negligence whatever the cause.
2. **Waiver and Release of Liability:** I voluntarily and knowingly agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me *not to sue IEABC, INC including Molli & Frederick "Tony" Rathstone*, and to release, waive, and discharge IEABC, INC, its directors, officers, owners, employees, volunteers, independent contractors, agents, assigns, successors, vendors, suppliers, equipment manufacturers, lessors, consultants, other clients, and all others associated with them (collectively "all others") from all liability from any and all claims, demands, or suits arising from the acts, failure to act, or conduct of any of them arising from their negligence (whether ordinary or gross), breach of duty, or any other theory of legal liability for (1) any physical or emotional injury or illness suffered by me (including death) arising from my attending IEABC, INC or using its equipment, facilities, services, products, and/or premises; and (2) any damage to, loss of, or theft of my property.
3. **Photo release:** In connection with my participation in the IEABC, INC Health & Fitness Classes, Programs, or Workshops, I consent to the use of my photograph or other likeness in the promotional and other materials of Inland Empire Adventure Boot Camp Inc. without payment or other consideration made to me.
4. **Indemnification and Hold Harmless:** I agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to indemnify and hold harmless IEABC, INC and all others by paying all costs and attorneys fees they incur in investigating and defending a claim or suit if such claim or suit is withdrawn, or if a court determines for whatever reason (including the enforceability of this agreement, that IEABC, INC and or others are not liable for the injury or loss.
5. **Interpretation:** This Agreement is intended to be interpreted as broad and as inclusive as permitted by the laws of California to relieve IEABC, INC, and all others associated in any way with IEABC, INC, from all liability for any and all claims for damages due to injury or property loss based on any legal theory. This Agreement shall be interpreted under the laws of California.
6. **Severability and Venue:** If any portion of this Agreement is held invalid, the balance of the Agreement shall continue in full legal force. Any legal action shall be brought in the United States, Riverside County, California.
7. **Consent to physical contact:** It is sometimes necessary for a trainer to physically touch a client to attain the proper form for an exercise. I hereby consent to such appropriate physical contact.
8. **This Single Page** constitutes the entire Agreement. I have read the above informed consent, waiver of liability, and photo release and fully accept and understand its contents. I voluntarily agree to the terms and conditions stated above and I have not relied on any oral representations by anyone in addition to, or inconsistent with, the written terms of this Agreement

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent or Guardians Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent or Guardian

## Body Measurement Chart

Directions: Fill out the chart below indicating the dates that you take your body measurements at the beginning of Boot Camp and the end of Boot Camp. In the third column, indicate the changes that take place.

All measurements should be recorded to the nearest 1/4 inch. Changes will be + (increase) or - (decrease) in inches or fraction thereof.

Body Part Measured	Beginning of Camp	End of Camp	Change Over Boot Camp
Date Measurements Recorded			
Blood Pressure & Pulse Rate			
Weight			
Body Fat %			
Body Fat Lost			
Shoulders (largest point)			
Dominate Upper Arm Relaxed (largest point)			
Dominate Upper Arm Flexed (largest point, same as relaxed)			
Chest or Bust (largest point)			
Waist			
Hips at fullest part			
Dominate Thigh (fullest part)			
Dominate calf (fullest part)			

Try to avoid measuring or weighing every day as small changes typically don't show up on the scale or the measuring tape. Your body is changing even if you can't see it yet!