



Pre Exercise Questionnaire

Name _____ Date _____ Phone (Mobile) _____

Street address _____ Email address _____

Referred by _____ Occupation _____ Date of birth _____

Why are you joining and what do you want to achieve? _____

Please answer the following questions honestly by ticking the appropriate box.	YES	NO
Are you are a male over 45 or a female over 55 who has previously been inactive?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever said that your blood pressure was too high?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked **YES** to any of the above questions we may require you to obtain a doctor's clearance. If your doctor already knows about your above health issues and has already cleared you to start a new exercise program (including cardiovascular exercise and strength training), please sign here: _____ Date: _____

Please list any other old or existing injuries or health issues: _____

Have you recently been doing any physical activity? Please list: _____

Waiver, Release, and Assumption of Risk

I have volunteered to participate in a fitness program / fitness assessment provided to me by Perth Fitness Boot Camps, which may include, but may not be limited to, strength training, mobility & flexibility training and cardiovascular exercise. In consideration of Perth Fitness Boot Camps' agreement to instruct and train me, I do here now and forever release & discharge and hereby hold harmless Perth Fitness Boot Camps and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a medical doctor should be obtained by anyone prior to commencing a new fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed if there are any health / medical concerns. If I have chosen not to obtain a medical doctor's consent prior to beginning this fitness assessment / program with Perth Fitness Boot Camps, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PERTH FITNESS BOOT CAMPS FOR THEIR NEGLIGENCE OR THAT OF THEIR EMPLOYEES, AGENTS, OR CONTRACTORS. This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

I, _____ have read, understood and completed this questionnaire honestly and to the best of my knowledge. I understand that Perth Fitness Boot Camps assumes no liability for persons who undertake physical activity

Participant's signature _____ Please print name _____ Date _____

Parent or Guardian's signature (if participant under age 18) _____ Please print name _____ Date _____



Membership Agreement

Please circle the membership option that suits you best.

All Prices Include GST	Month to Month	3 Months	6 Months	12 Months
3 Times a Week	\$249/month	\$209/month	\$199/month	\$189/month
2 Times a Week	\$189/month	\$169/month	\$159/month	\$149/month

* If you are unsure how long you would like to stay with the program, you can sign up for the 12 month membership and cancel any time. All you will pay is a \$250 cancellation fee! That way YOU can commit to getting the results you want, but if your situation changes you have the flexibility to get out.

BOOTCAMP RUNS 50 WEEKS EACH YEAR – We Break 2 Weeks Over Christmas & New Years

Payment Information

Name as it appears on card: _____ Credit Card (circle one): Visa / Mastercard

Credit Card Number: Expiry Date: ____/____

Email Address to Send Receipt to: _____

*If Current Full Time Student, List your school for 20% Discount: _____

**Immediate Family Members Receive 20% Discount, List family members attending: _____

***Were you referred to us by anyone? If so who? _____

TERMS & CONDITIONS

- Your first payment will be made on the FIRST DAY of your paying membership. Subsequent payments will be extracted on the same day of each new month, unless you cancel your membership (see cancellation policy below).
- If you commit to a 12 month membership, you can cancel any time, and all you will pay is the \$250 cancellation fee. The amount will be billed to your credit card if you cancel.
- If you commit to a 1, 3 or 6 month membership, you can cancel only at the end of the contract.
- Cancellation Policy. 10-DAYS NOTICE is REQUIRED via email to perthfitnessbootcamps@gmail.com to cancel your membership OR downgrade your membership (NO EXCEPTIONS).
- Perth Fitness Boot Camps must provide 30 days notice for any changes in rates.
- There is NO BOOTCAMP on Public Holidays.
- BOOTCAMP runs 50 weeks each year. Holidays include 2 weeks over Christmas (Dec 18 2010 – Jan 3 2011). If your membership runs through Christmas we'll add the 2 weeks onto the end of your contract.
- If you go on holidays that time can be added to the end of your membership but please let us know in advance. Same goes if you're sick or injured.
- Regular monthly payments will still apply whether it is a public holiday, BOOTCAMP break or your holiday.

Perth Fitness Boot Camps and I, _____ (client name), hereby agree to the terms and conditions of this contract signed _____ (day/month/year). I authorize **Perth Fitness Boot Camps** to process on my account due date all charges I have incurred for the previous month, if any, as well as all monthly fees that are due for the upcoming month.

Signed by: _____
 Client Signature or Parent / Guardian Signature (if client under age 18) Please Print Name

Trial Start & Finish Dates: _____ - _____
Contract Start & Finish Dates: _____ - _____