



Name _____ Date of Birth _____

Cell Phone _____ Email Address _____

Address _____

On Facebook? Yes No Interested in Nutritional Advice? Yes No

Emergency Contact Name _____ Phone _____

Current Level Beginner Intermediate Advanced Returning

What are your goals? _____

Describe any other exercise you currently do *besides* Crofton Bootcamp classes

Please describe ALL physical limitations or medical conditions that you trainer should be aware of

Please read the following before participating in any exercise program administered at Crofton Bootcamp & Personal Training:

My signature below indicates that I agree that I am participating in a group exercise program administered by Kimberlie Allafi, Crofton Bootcamp & Personal Training, Fit 4 U Training, LLC, and affiliates at MY OWN RISK. I am fully aware that there are inherent risks associated with ANY exercise program, including this one. Those risks include, but are not limited to: personal injury to any of my body parts (including, but not limited to, sprains, strains, tears, and breaks of any and all muscles, ligaments, bones, joints, tendons, knee caps, and spine) In rare cases heart attack and even death could occur as a result of exercise. Should ANY injury occur to me while participating in the exercise program administered by Crofton Bootcamp or at any time after as a result of my participation, I agree that I cannot and will not hold Kimberlie Allafi, Crofton Bootcamp & Personal Training, Fit 4 U Training, LLC & it's affiliates liable, negligent, or responsible for such injury(s). I agree that in the event that any injury occurs, my doctor's bills, lost wages, and/or any costs associated with said injury are my sole responsibility and I agree not to try to recover any money from Kimberlie Allafi, Crofton Bootcamp & Personal Training, Fit 4 U Training, LLC and it's affiliates for those costs. Should I go against this express agreement, I agree to be responsible for any and all legal fees that result on my action based on my injury. By signing below, I indicate that I am voluntarily participating in the programs at Crofton Bootcamp, take full responsibility for my own safety, have read this statement, and that I understand it fully.

Signature _____ Date _____