



2-Day Pass Liability/ Waiver

Date ____/____/____

Date ____/____/____

Name _____

Street Address _____

City _____ State ____ Zip Code _____

Date of Birth ____/____/____ Phone _____

E-mail Address _____

Please Read & Sign Below

I _____ (Print Full Name) have agreed to participate in the Muscle Theory boot camp. I recognize that the program involves strenuous physical activity including, but not limited to, strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training. I hereby affirm that I am in good physical condition and not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. In consideration of my participation in this program, I hereby release and discharge Muscle Theory boot camp program and its agents from any claims, demands and causes of action as a result of my voluntary participation in this training program. I give permission and consent for photographs and videos during any training session to be used for advertisement. These publications may be used for the internet, brochures and all advertisement for Muscle Theory boot camp.

Signature of Participant

Printed Name of Participant

Parent/Guardian Signature (If client is under 18yrs. old)

Emergency Contact Name/ Phone Number

Classes must be taken within 7 days