

# **BOOM** **SHOCK** FITNESS

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Do you prefer text messages ( YES NO )

Email \_\_\_\_\_

Birth date (MONTH/DAY): \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

I rate my current fitness level as a \_\_\_\_\_ (1-10) 10 being the highest level

My main fitness goal is to: \_\_\_\_\_

How did you hear about Boom Shock Fitness and the Drop 10 Challenge?

- Boom Shock Fitness Website
- Facebook
- Instagram
- Flyer
- Referral \_\_\_\_\_
- Other \_\_\_\_\_



## MEDICAL HISTORY

**If you are returning** and have no medical changes, the medical section below does not need to be completed. All agreements remain the same. **NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program!**

1. Do you have high blood pressure (hypertension)?  Yes  No

List medications:

2. Do you have diabetes adult or juvenile?  Yes  No

List medications:

3. Do you have asthma?  Yes  No

List medications:

4. Have you had a broken bone or fracture in the past 2 years?

Describe:

5. Have you ever injured your back?  Yes  No

Describe:

6. Do you have back pain?  Never  Seldom  Occasionally

7. Have you had knee pain in the past 2 years?

Describe:

8. Do you have other physical conditions which cause pain?

Describe:



## RELEASE

This release is entered into between the undersigned and Boom Shock Fitness LLC. The purpose of Boom Shock Fitness LLC is to provide fitness instruction and coaching for various levels of individuals.

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

1. Acknowledges that Stephanie Jones 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 Stephanie Jones is not a licensed nutritionist or registered dietitian and eating or refraining from eating certain foods are done at your free will.
3. Acknowledges that training is another tool for teaching individuals about themselves, but that Boom Shock Fitness LLC does not guarantee neither good nor bad will occur nor guarantees the training advice given by Boom Shock Fitness LLC will produce good nor bad results.
4. Acknowledges that the undersigned has been told 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 at once.
5. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, 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 the risks of participating in these types of events/activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and Boom Shock Fitness LLC for the undersigned participating in this program.
6. You DO NOT have any prior illnesses or injuries that will hinder you from completing this challenge.
7. Understands that this challenge should NOT replace any prescribed medications or physician's orders.
8. You are at least 18yrs of age.

**My signature indicates that I agree to and understand the terms and conditions of this challenge.**

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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