

Welcome to the Bootcamp

This form, in conjunction with our Terms of Business, (please download "T of B Bootcamps" from the website), is both your registration and proof of booking for your place on our Bootcamp/Retreat. It will also help us to tailor our fitness programmes and menus to meet your personal requirements.

Please can you fill in the form as accurately as possible and return, with proof of payment to Griff, c/o Crogen Bootcamp, Llandrillo, Corwen, Denbighshire LL21 0SY.

I have read, and agree to, the Terms of Business

Signed _____

Date _____

Personal Details

First Name _____

Surname _____

Date of Birth _____

Contact Number _____

Address _____

Emergency Contact Name _____

Emergency Contact Telephone Number _____

Height _____

Weight _____

If you have not recently done so, consult with your doctor before increasing your physical activity and tell them which questions you have answered with 'yes'. If in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.

To help us encourage you to achieve your goals, please let us know what they are; it could be anything from wanting to lose weight, to tone up or to learn a healthier way of life

in association with...



Health and Fitness Information

Please answer the following questions

	Y	N
Has your doctor ever said you have heart trouble?		
Have you ever had pains in your chest?		
Do you often feel faint or have spells of dizziness?		
Has a doctor said your blood pressure is too high?		
Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?		
Have you been in hospital in the last 3 years?		
Are you currently taking any medication? If yes, what? _____		
Are you pregnant or have you had a baby in the last six months?		
Do you suffer from asthma, or breathing difficulties?		
Do you suffer from diabetes or epilepsy?		
Do you suffer from an allergy? If yes, what? _____		
Have you undertaken any fitness activities in the last 3 months?		
Is there a good physical reason not mentioned here why you should not follow an activity programme?		
Are you vegetarian or vegan? Please specify		

Informed Consent – liability waiver

In consideration of being allowed to participate in the activities and programmes of Civilian Military Fitness and to use the facilities and equipment owned and / or under the control of Civilian Military Fitness, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Civilian Military Fitness from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

I understand that I am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I am aware that I have the right to request advice from any of the Civilian Military Fitness staff, at any time, in relation to the activities and exercise being undertaken and, but not exclusively, their suitability for me, with particular regard to my health and clothing. If I choose not to take advice, or to disregard any advice so given, I do so voluntarily and accept liability for all resulting injuries or damage.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared) that would prevent my participation or use of equipment or facilities except as herein state. I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities.

Signature _____

Date _____

Print Name _____

in association with...

