

Name	Date			
Street Address				
City	Zip Code	Home Phone ()	
Cell Phone ()	E-mail			
Date of Birth//				
NOTICE: It is highly recommen health/fitness program.	ded that you seek your	physician's advice befo	re begin	ning any new
WAIVER AND RELEASE This rele members, affiliates, employees				
fitness instruction and coaching		•	d hereby	/ acknowledges
that the following was explaine	d to me and/or agree to	the following:		

- 1. Acknowledges that Jana Beck, sole developer of JB Boot Camp Class and Fitness, is not a physician or dietitian, and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
- 2. Acknowledges that the undersigned has been told if they feel tired, feel pain, feel dizzy, or feel out of the ordinary in any way -either related to exercise, or otherwise, that the undersigned should contact a physician at once.
- 3. Acknowledges that fitness boot camps, weight training, obstacle courses, running, and other related fitness activities can be a test of one's mental and physical limits, and carry with it potential for damage or loss of property, serious injury or death. That the undersigned assumes the risks of participating in these types of events/activities including the elements of a natural environment, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they may 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 to JB Fitness for the undersigned participating in said fitness activities. The Undersigned agrees that this is the full agreement between the parties, that Jana Beck fitness, including its sole developer Jana Beck, has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion. Customer client agrees to confidentiality with respect to JB Fitness and all services provided by same. The undersigned agrees to refrain from disclosing, copying, or distributing, directly or indirectly, any specific workout of JB Fitness, including any written document distributed as part of the fitness program, to any third parties.

X	
Your signature (Parent or Guardian if under the age of 18)