

**Momentum Fitness Tues/Thurs Evening Boot Camp: Spring-2012**  
**Classes held at the World Gym, Milford, MA. NO GYM MEMEBERSHIP REQUIRED!**

**Enrollment, Health Questionnaire and Release Form**

Please fill out form in its entirety and submit cash or check payable to **"Momentum Fitness, Inc"**. Payment should be received by **February 21, 2012** in order to take advantage of the discounted pricing.

**Contact:** Rachel Howe  
 Cell: 617-852-9662  
 Email: rachel@gainyourmomentum.com  
 Web: www.gainyourmomentum.com

**PARTICIPANT INFO:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_ Referred By: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Primary Email Address: \_\_\_\_\_

**CHECK ONE:**

- Full session (20 classes): \$160.  Only Tues or Thur night (10 classes): \$80.  
 Other # of classes @ \$8\* per class: \_\_\_ x \$8 = \$ \_\_\_\_\_ (\*NOTE: \$10 per class if received after Feb 21st)  
**BONUS: Sign up for 15+ classes by Feb 21st to get entered into the FREE nutrition consultation raffle. \$150 value!**

**Class will be held at The World Gym in Milford from 7:10-8:10PM, every Tuesday & Thursday from 2/21 thru 5/3 (skipping 3/22 & 3/27). There are 10 Tuesday classes & 10 Thursday classes this session.**

**PAR-Q FORM: Please mark YES or No to the following:**

	<u>YES</u>	<u>NO</u>
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have pains in your chest when you perform physical activity? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had chest pain when you were not doing physical activity? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance due to dizziness or do you ever lose consciousness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant now or have given birth within the last 6 months? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a recent surgery? .....	<input type="checkbox"/>	<input type="checkbox"/>

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? .....    
 What is the medication for? \_\_\_\_\_  
 How does this medication affect your ability to exercise or achieve your fitness goals? \_\_\_\_\_

**IF YOU ANSWERED YES to one or more questions:**

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or participating in this fitness boot camp. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities and follow his/her advice.

**IF YOU ANSWERED NO to all questions:**

and you feel you may start becoming more physically active, still use discretion. Begin slowly and build up gradually.

**Please read the following consent/liability release form below:**

I acknowledge that boot camps, running, 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. I, the undersigned, assume the risks of participating in these types of events/activities. I, the undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Momentum Fitness, Inc, for the undersigned participating in said training and or sporting events.

Momentum Fitness shall not be liable for any injuries or damages to me, or subject to any claim, demand, injury or damages, whatsoever, including action. I acknowledge that I have carefully read this paragraph and fully understand that this is a waiver and release of liability. It is my responsibility to insure that I am physically able to participate in this program. Only a doctor can advise me on my ability to participate. By my signature below, I am acknowledging that I have been given the opportunity to obtain that advice and that I have been advised that I can participate.

Momentum Fitness Inc. reserves the right to cancel this class at any time for any reason and will refund any unused portion of your funds to you.

\_\_\_\_\_/\_\_\_\_\_/2012 (Signature and date)  
**Parental consent needed if less than 18. Parent or guardian to sign above.**