

**Doylestown Adventure Boot Camp
Group Fitness Class Waiver**

I _____ have agreed to participate in Doylestown Adventure Boot Camp's group fitness class. The activities of the group fitness class include strength training, running, agility drills, jumping, intense cardiovascular activities, trampoline exercises and flexibility training. I understand that incorrect performance of exercises can lead to injury, and I commit to ask for assistance for any exercise I am unsure of how to perform safely.

Acknowledgement is hereby made that the activities of the camp may require me to spend time outside in the heat, the cold and inside. I further acknowledge that there are *risks involved in participating in the boot camp*. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, poor nutrition and lack of hydration.

In consideration of my being accepted into the program, I agree to release and discharge Doylestown Adventure Boot Camp owner - Wendy Yazujian, Camp Curiosity owner - Jeremiah Thomas, Michelle Haden – Certified Personal Trainer and Zack Millar – Certified Personal Trainer, from any injuries sustained as a result of participation in this program.

I agree to indemnify and hold harmless, Doylestown Adventure Boot Camp, and any of its facilities and owners against any liability incurred as a result of such injury or loss.

Fitness activities and programs require that I be in good health and have no condition that could endanger my wellbeing through participation. I will notify Doylestown Adventure Boot Camp of any such defects in writing prior to enrolling in this program.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself.

Signature of participant: _____

Child under 17 - Name: _____

Signature of Parent: _____

Date: _____