

PSYCHO FIT THE ULTIMATE WORKOUT

PRE-REGISTRATION IS REQUIRED FOR THIS PROGRAM

Name: _____ Age: _____
Address: _____ City: _____ Zip: _____
Email: _____ Phone: _____
Goals: _____ Fitness Level: (beg) (int) (adv)
Class Time: (6-7am) (9-10am) (5:30-6:30pm) Other Time you would like offered: _____

WAIVER AND RELEASE OF LIABILITY -- *READ BEFORE SIGNING

In consideration of being allowed to participate in any way in one of B&S Fitness Programs, B&S Sport Science LLC, and/or any of the related events and activities that either they, their associates, and/or member of the B&S Fitness Programs/B&S Sport Science LLC coaching staff or instructors conducts, I, _____ (name of participant), the undersigned, acknowledge, appreciate, and agree that:

1. There is risk of injury from the activities involved in these programs, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of B&S Fitness Programs LLC/North Shore Boot Camp Company, their associates and/or any member of the training staff immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS B&S Fitness Programs/North Shore Boot Camp Company, the coaching staff, family members, associates, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____

PARENT/GUARDIAN'S SIGNATURE (print name)

Paid: check # _____ credit card: _____ cash: _____

Brandi Dion - bnsfitness@yahoo.com or (978) 204-8588

Make checks out to: B&S Fitness and Mail to: B&S Fitness 15 Maple St., Salem, Ma. 01970

For information on more B&S Fitness/Sport Science Programs, checkout our websites:

NorthShoreBootCamp.com * BnSFitness.com * BnSSportScience.com

