



Cash \$ _____ Initial _____

Check # _____

BOOT CAMP

Registration Form

PRICE \$100 per person

Make checks payable to **One Body**

6-Week Class

Name (Please Print) _____

Address _____

Phone _____

Age _____

Email _____

Emergency Contact _____ Phone _____

Medical /physical restrictions: _____

I CONSENT DO NOT CONSENT to my image being used in marketing materials by One Body by AJ, LLC.

Signature _____ Date _____

Please read and sign the waiver on the back of the registration form.

“One Body Touching the Nation”

For staff use:

IN:	Wt _____	C _____	W _____	H _____	L _____	A _____
OUT:	Wt _____	C _____	W _____	H _____	L _____	A _____

Class is Non-Refundable, in whole nor in part



National Academy
Of
Sports Medicine
“AJ”

Certified Exercise Specialist

Cell: (662) 542-3800

Email: aj@onebodybyaj.com

www.onebodybyaj.com

Waiver and Release of Liability

I have been informed of the risks associated with participating in the One Body by AJ, LLC Lose Big Boot Camp program. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. If I sustain an injury while participating in the class I give consent for One Body by AJ, LLC and/or _____ to seek medical help if I am unable to do so on my own free will. I knowingly, voluntarily and expressly waive any claim I may have against One Body by AJ, LLC and/or _____ for injury or damages that I may sustain as a result of participating in the program.

I have read the above waiver and release of liability and fully understand it contents. I voluntarily agree to the terms and conditions stated above.

Signature _____ Date: ____ / ____ / ____

Class is Non-Refundable, in whole nor in part