

## Disclaimer

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program. If you do have any medical issues that may be of concern, you further agree that a physician has cleared you to participate in a training and nutrition program.

A physician's examination is recommended for (1) all participants with any exercise restrictions and (2) all men >44 years old and all women >54 years old. Coaching participants in either or both of these categories who do NOT have prior physician examination MUST acknowledge they have been informed of its importance. By signing below, you accept full responsibility for your own health and wellbeing and you acknowledge an understanding that the leaders of Boot Camp for Hope and **Superior Corporate Boot Camp** assume no responsibility.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Media Release Waiver

I am aware that Boot Camp for Hope and **Superior Corporate Boot Camp** may record workouts/ boot camps for later use on television segments, websites, promotional materials, fitness information products, or in any other way they deem fit.

By signing this document I hereby authorize Boot Camp for Hope and **Superior Corporate Boot Camp** to use my name and likeness, voice, verbal statements, digital pictures, and video and audio recordings for any of the aforementioned purposes.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_