



Personal Information & Waiver of Liability

Name _____ Date _____ Birth Date _____

Address _____
Street City State Zip

Phone _____ Email _____

How did you find/hear about us? Circle one: Referral/Friend: _____

Internet Search Facebook Creative Loafing Vehicle Ad Other: _____

To the best of my knowledge, I _____ (initials) am in good physical condition and fully able to participate in this class. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to my property, as a result of participation in training at PRIDE Conditioning.

I _____ (initials) hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, PRIDE Conditioning, Doug Seamans and their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted. It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES.

I _____ (initials) hereby further agree that this waiver of liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of North Carolina. In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING waiver of liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I, _____ (initials) hereby irrevocably give to Douglas Seamans and PRIDE Conditioning of Charlotte, North Carolina, and its parent and affiliated companies, including without and BOOTCAMP MISSION: SHAPE UP (collectively, "PRIDE") and PRIDE's assigns, licensees and successors the right to photograph, film and/or videotape me and/or to otherwise record my image and/or likeness and to use, publish, display, reproduce, copy and distribute my image and/or likeness, in all forms of media now known or later developed, including composite or modified representations and including on the Internet, for promotional activities for PRIDE including advertising, direct mail, catalogs, websites, exhibitions, flyers, brochures and presentations, throughout the world and in perpetuity. I waive any moral rights in my image and/or likeness in favor of PRIDE and its assignees and licensees for the above purposes. In particular, PRIDE is permitted, although not obligated, to include my name in connection with my image and/or likeness. I waive the right to inspect or approve versions of my image and/or likeness used for publication or the written copy that may be used in connection therewith and agree that PRIDE shall not be liable to me for any distortion or illusionary effect resulting from the use, publication or display of my image and/or likeness take or made by or on behalf of PRIDE. PRIDE is not obligated to utilize any of the rights granted in this Agreement. I agree that I shall have no ownership of or other rights in the photographs, film, videotapes or other recordings of my image and/or likeness take or made by or on behalf of PRIDE. I understand that PRIDE shall not be responsible for unauthorized duplications/use of my image an/or likeness by third parties on the Internet or otherwise. I release PRIDE Conditioning and PRIDE's assigns, licensees and successors from any claims that may arise regarding the use of my image and/or likeness including any claims of defamation, invasion of privacy or infringement of moral rights, rights of publicity or copyright.

(Please Print Name)

Signature

FLIP OVER! COMPLETE BACK OF FORM PLEASE! 



Emergency Contact info

Emergency Contact Name: _____

Phone: _____ Email: _____

Relationship: _____ City/State: _____

I _____ (initials) do hereby give PRIDE Conditioning and any of its Officers and Instructors permission to contact emergency services as well as the Emergency Contact person listed above in the event of an injury to myself.

I _____ (initials) do hereby give PRIDE Conditioning and any of its Officers and Instructors who are certified in First Aid and CPR permission to administer emergency first aid and/or CPR in the event of an injury to myself.

I _____ (initials) do hereby give PRIDE Conditioning and any of its Officers and Instructors permission to request medical transport and admittance to a medical facility should I sustain an injury and not be of sound mind and body or if I am physically incapable of refusing medical attention.

PAR-Q (Physical Activity Readiness Questionnaire)

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been diagnosed with a heart condition that requires your physician's consent to begin an exercise program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint injury (for example, back, knee or hip) that could be made worse by a change in your physical activity level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |

If you checked "YES" for any of the preceding questions, the "National Strength and Conditioning Association" states that you must receive clearance from your primary care physician to participate in a progressive resistance exercise program.

By signing below, you hereby agree that you have read this document and have answered all of the questions honestly and to the best of your knowledge

Signature

Date

PLEASE VISIT OUR WEBSITE AT WWW.PRIDECONDITIONING.COM AND LIKE US ON FACEBOOK @ [FACEBOOK.COM/PRIDECONDITIONING!](https://www.facebook.com/PRIDECONDITIONING/)