



Boot Camp

Session Date: _____

Name: _____ Male Female

Email Address: _____ Phone: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Birthday: _____

How did you hear of the Boot Camp? _____

Liability Waiver

I, _____, agree that I am able to perform the physically requirements of this program. I agree that I have no known health conditions that may affect my ability to participate in the Wanna Go Fit Summer Body Ready Boot Camp and will not hold Wanna Go Fit, LLC liable.

I, _____, **agree/ disagree**, for my photos to be used on www.wannagofit.com & social media sites for promotional usage.

I, _____, am aware that I do have the following health related issues, but they do not hinder my physical ability to exercise; and I am undergoing medical supervision for these issues. Example: Back problems, Asthma, High Blood Pressure, etc)

1. _____

4. _____

2. _____

5. _____

3. _____

Cash and local checks are accepted. Credit/Debit card payments are accepted.

Credit/Debit card payments are also accepted on line. (Fees may occur)

Method of payment: Cash Check: _____ ck# _____

Make checks payable to: Wanna Go Fit ref: Summer Body Ready Boot Camp.

Signature