

BOOT

MID SUMMER

CAMP

ARE YOU SERIOUS ABOUT GETTING RESULTS?

- 6 weeks duration
- Start date – Monday 13th February
- Finish date – Thursday 23rd March
- 3 days per week – Monday / Tuesday / Thursday
- Start time – 0600hrs (45 minutes)
- Maximum of 20 recruits
- Caters to beginners up to advanced fitness levels
- Men and Women
- Cost - \$130

sweat[®]
staff wellness exercise and training

staff.wellness@bopdhb.govt.nz

BOOTCAMP REGISTRATION FORM

Name: _____

Address: _____

DOB: ____ / ____ / ____ Email: _____

Telephone H) _____ W) _____ M) _____

Emergency contact: _____ Relationship: _____

Telephone H) _____ W) _____ M) _____

Medical Conditions (past and present): _____

Conditions of Engagement (please tick box to confirm):

- | | |
|---|---|
| <input type="checkbox"/> I agree that SWEAT BootCamp has advised me that this is a rigorous fitness programme and I accept total responsibility for participation in all exercises. | <input type="checkbox"/> I understand that diet and nutrition will affect my fitness goals and performance during BootCamp. I choose to commit to eating well and exercising outside of BootCamp hours. |
| <input type="checkbox"/> I understand that SWEAT BootCamp Trainers are not physician's and any information given in regards to a medical condition, including injury, is to be used as a guide only and should be followed up with my doctor. | <input type="checkbox"/> I understand that photos may be taken during the course of my involvement in BootCamp, which may be used for promotional purposes. |
| <input type="checkbox"/> I understand that if I feel pain or feel out of the ordinary in any way either related to my training, or otherwise, that I should advise SWEAT BootCamp Trainer immediately. | <input type="checkbox"/> I understand there is no refund once I commence the BootCamp programme. |
| | <input type="checkbox"/> I understand that SWEAT BootCamp accepts no responsibility for participant's health, safety, injuries or loss for the duration of the BootCamp programme. |

I _____ hereby agree to fully indemnify SWEAT BootCamp Trainers, and any subsidiaries, affiliates, employees and any other persons affiliated with SWEAT BootCamp. I acknowledge that I am fit and able to commence training and have been advised that I should consult with my Doctor before commencement of the BootCamp Programme. Activities conducted by SWEAT BootCamp are undertaken at my own risk.

Signed: _____

Date: ____ / ____ / 2017

Please return completed form to Letham White, First Floor Pohutukawa House, Tauranga Hospital, Private Bag 12024, Tauranga 3134.

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