

PDX Weightlifting Boot Camp Liability Release Form

Please fill out COMPLETELY and PRINT CLEARLY.

Get half off next month for referring a friend!

First Name _____ Last Name _____
Phone (____) _____ I was referred by _____
Address _____ City _____ State _____ Zip _____
Email _____ Age _____ Date of Birth: ____ / ____ / ____
How Did You Hear About Us: (please be specific): _____

Please list any injuries or health conditions that you are aware of?

LIABILITY RELEASE AND WAIVER

PDX WEIGHTLIFTING MEMBER / PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF PDX WEIGHTLIFTING , OR IT'S EMPLOYEES, CONTRACTORS, OFICERS, OR OWNER/S... PARTICIPANT ACKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVE THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER PARTICIPANT PARTICIPATION IN THE PHYSICAL ACTIVITIES. MEMBER FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT AR NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A MEMBER, SLIP AND FALL BY MEMBER, OR AN UNKNOWN HEALTH PROBLEM OF MEMBER. MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES, MEMBER AFFIRMS THAT MEMBER IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. MEMBER ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND MEMBER AGREES THAT IT IS THE RESPONSIBILITY OF MEMBER TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE, REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF PARTICIPANT TO TAKE PART IN ACTIVITIES. BY CLICKING THE BUTTON AT THE BOTTOM OF THIS PAGE, MEMBER/PARTICIPANT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS. **I UNDERSTAND THAT PHOTOS OR VIDEO MAY BE TAKEN DURING THE COURSE OF MY INVOLVEMENT IN TRAINING AND WORKOUTS, WHICH MAY BE USED FOR PROMOTIONAL PURPOSES**

DATE: ____ / ____ / ____ SIGNATURE _____

**YOU JUST FOUND THE BODY TONING, FAT ANNIHILATING,
MAKE YOU 10X'S HEALTHIER AND STRONGER
INDOOR BOOT-CAMP YOU'VE BEEN SEARCHING FOR**

[\\$197 per month - Total-Body Transformation program](#)

- ➔ **2 Full Weeks FREE:** You will not be billed for a full 2 weeks. If you decide not to stay on, simply tell me before those 2 weeks are up, and I'll cancel your membership, and you won't be charged. No worries!
- ➔ **The BBC Diet and Cardio Manual (\$95 value!)**– A 16 week program designed to Scorch body fat in record time! (A \$95 value, yours FREE just for trying us out!)
- ➔ **FREE SKINNY JEANS when you meet your year-long goal. That's right! I'll buy you you're own pair of "Skinny Jeans!"**
- ➔ **90 DAY 100% UNCONDITIONAL MONEY BACK GUARANTEE** – If for any reason you are not completely satisfied with this PDX Weightlifting Boot Camp within the first 90 days, I will give you a full refund, no hassles, no hard feelings, no worries.

SE Portland - At Loprinzi's Gym, 2414 SE 41st ave. (T and Th 7pm, Sat 12pm)

(If you already signed up online then please write "online" below)

AUTOMATIC PAYMENT AUTHORIZATION: I, the Boot Camp member, hereby authorize PDX Weightlifting to charge to my credit card or debit card

_____ (3 digit) CSC code _____ Expiration Date ____ / ____ / ____

Card Type: MASTERCARD VISA

any and all payments due to PDX Weightlifting as indicated above. I, the Boot Camp member, further authorize my credit card company or bank to make payment(s) to PDX Weightlifting by the method(s) indicated above and to post it on my account.

FOR BILLING QUESTIONS: please email Coach@PDXWeightlifting.com

Automatic month-to-month: The program will automatically go on month-to-month and be considered active after the first 2 free weeks has been completed until canceled as described in the Cancellation policy.. CANCELLATION POLICY: PDX Weightlifting member must give notice of cancellation by Email to coach@pdxweightlifting.com at least 5 business days from the above stated debit date. (Please note... Even if you notify your instructor, you still are required to send an email to coach@pdxweightlifting.com) . Save a record of this email to serve as your cancellation receipt. I am aware that I am on a month-to-month payment plan. I am aware that the month-to-month membership will be considered active unless canceled by email as described above. I certify that I have fully read and understand the terms of this Agreement and will comply with the contents herein

Member Signature _____ Date ____ / ____ / ____