

Extreme Boot Camp

Meridith Duffy

Waiver of Liability Form

By signing this waiver of liability I acknowledge that I am in good health and free of any liability or condition that would prevent me from engaging in physical activity.

If applicable you have consulted a medical doctor to the extent that you deem necessary.

The participant shall acknowledge and assume all risk and hold Meridith Duffy harmless for any liability suffered during or as a consequence of participating in this program. Neither Meridith Duffy, Braintree After School Enrichment, Inc. or any facility at which this program is being held, nor any other persons involved in organizing or conducting the program/class shall assume any liability or responsibility for any injury or harm.

I have carefully read and understand the above agreement and want to participate in the program/class.

Print name _____

Signature _____ **date** _____

Age/Sex: _____ , **M/F** _____

Program/class location _____

Email _____

Primary phone numer _____

Emergency contact (name and phone#)

On back, please briefly describe your current work out regimen (i.e., frequency, duration, what type of exercise you participate in, have you ever done a class like this)