



DAVE DEPEW BOOT CAMPS & GRINDER GYM

REGISTRATION FORM

INSTRUCTIONS: Please complete each section in full, sign, and return to Dave DePew or your boot camp instructor prior to your first day of boot camp. You *will not* be permitted to begin Boot Camp until you have completed this form.

Bring your completed form with you to boot camp, or turn them in to Dave directly at 2949 Garnet Ave. in San Diego.

SECTION ONE: PERSONAL & CONTACT INFORMATION

YOUR FULL NAME: _____

DATE OF REGISTRATION: _____

DATE OF BIRTH: _____ AGE AT REGISTRATION: _____

POSTAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAIN TELEPHONE NUMBER: _____

SECONDARY TELEPHONE NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT TELEPHONE: _____

SECONDARY EMERGENCY CONTACT: _____

SECONDARY CONTACT TELEPHONE: _____

SECTION TWO: PERSONAL FITNESS & MEDICAL HISTORY



IMPORTANT! PLEASE FILL OUT THIS SECTION OF THE FORM IN ITS ENTIRETY! DAVE DePEW BOOT CAMPS, DAVE DePEW ENTERPRISES, INC, DAVE DePEW, AND INDIVIDUAL BOOT CAMP INSTRUCTORS SHALL NOT BE HELD LIABLE FOR PERSONAL INJURY OR DEATH RESULTING FROM INCOMPLETE OR INACCURATE COMPLETION OF THIS FORM!

ALL ATTENDEES SHOULD SEEK PROFESSIONAL MEDICAL ADVICE PRIOR TO BEGINNING ANY HEALTH, FITNESS, OR NUTRITION PROGRAM.

IS THIS YOUR FIRST FITNESS BOOT CAMP? (Circle Yes or No.) YES / NO

IF NO, WHEN DID YOU LAST ATTEND A BOOT CAMP? _____

RATE YOUR CURRENT FITNESS LEVEL, FROM 1 (Low) TO 10 (High): _____

ARE YOU ALLERGIC TO ANY MEDICATIONS: _____

DO YOU CURRENTLY TAKE ANY PRESCRIPTION MEDICATIONS? IF SO, LIST: _____

DO YOU HAVE A SEIZURE DISORDER AND/OR EPILEPSY? Circle Yes or No: YES / NO

DO YOU HAVE DIABETES? Circle Yes or No: YES / NO

IF YES, PLEASE LIST YOUR DIABETES MEDICATIONS: _____

HAVE YOU EVER BEEN FOUND TO BE ANEMIC (Low Blood Count) Circle Yes or No: YES / NO

DO YOU HAVE HIGH BLOOD PRESSURE (Hypertension) Circle Yes or No: YES / NO

IF YES, PLEASE LIST YOUR HYPERTENSION MEDICATIONS: _____

DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING DISEASES OR DISORDERS? (Circle Yes or No)

HEART DISEASE: YES / NO

LUNG DISEASE: YES / NO

LIVER DISEASE: YES / NO

KIDNEY DISEASE: YES / NO

ASTHMA: YES / NO

SECTION TWO, PERSONAL FITNESS & MEDICAL HISTORY, CONTINUED

HAVE YOU EVER HAD A SEVERE NECK INJURY? Circle Yes or No: YES / NO

IF SO, PLEASE LIST THE NATURE OF YOUR NECK INJURY: _____

HAVE YOU EVER BEEN KNOCKED OUT, OR HAD A CONCUSSION? Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: _____

DO YOU WEAR PRESCRIPTION CONTACT LENSES OR EYEGLASSES? Circle Yes or No: YES / NO

HAVE YOU HAD A BROKEN OR FRACTURED BONE WITHIN THE LAST TWO YEARS? Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: _____

HAVE YOU EVER INJURED YOUR BACK? Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: _____

DO YOU HAVE BACK PAIN? (Mark a "X" to the option that applies)

Never _____ Seldom _____ Occasionally _____ Frequently _____ Frequently, but only with
vigorous exercise and/or heavy lifting _____

HAVE YOU HAD ANY KNEE PROBLEMS IN THE LAST TWO YEARS THAT DISABLED YOU FOR LONGER THAN A WEEK?
Circle Yes or No: YES / NO

IF SO, PLEASE DESCRIBE: _____

PLEASE DETAIL ANY SURGICAL PROCEDURES YOU'VE HAD _____

DO YOU HAVE ANY OTHER PHYSICAL CONDITIONS THAT CAUSE PAIN, OR ANY OTHER MEDICAL CONCERNS ABOUT
WHICH OUR STAFF SHOULD BE AWARE?

FINALLY, WHAT ARE YOUR PERSONAL FITNESS GOALS FOR THE NEXT THREE MONTHS?

SECTION THREE: RELEASE, LEGAL, AND DISCLAIMERS

This release is entered into between the undersigned and Dave DePew Boot Camps (division of Dave DePew Enterprises, Inc.) its officers, trainers, affiliates, and executors in addition to the City of San Diego, and all other private and public locations for Dave DePew Boot Camps and the county of San Diego. The purpose of Dave DePew Boot Camps is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

- 1.) Acknowledges that no boot camp instructor is a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
- 2.) Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that Dave DePew Boot Camps does not guarantee neither good nor bad will occur nor guarantees the training advice given by Dave DePew Boot Camps will produce good nor bad results.
- 3.) Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
- 4.) Videography and photography may be taken at various camp locations which may appear on TV, web video, print or any other digital format. When possible, the camp participants will be told in advance of the days in which any photography or videography will be done. "Before & after" photos will not be used for any promotional purposes unless written authorization is granted.
- 5.) Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of ones mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and Dave DePew Boot Camps for the undersigned participating in said sporting events and/or training for said sporting events.
- 6.) Dave DePew Boot Camp, Dave DePew Boot Camps, and/or Dave DePew, Inc. are not responsible or liable for boot camp instruction time that is not used due to any action or inaction on the behalf of the attendee, nor for any disruption of the boot camp arising from events beyond the control of Boot Camp Management, including emergencies and/or acts of God. Attendee acknowledges and warrants that any refunds for Boot Camp attendance or inattendance will be at the sole discretion of Boot Camp Management.

The Undersigned agrees and warrants that this is the full agreement between the parties, that Dave DePew Boot Camps, nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement freely and voluntarily without force or coercion.

CHECK THE FOLLOWING TO ACKNOWLEDGE YOUR INTENTION TO ADHERE TO OUR HONOR CODE:

_____ I AGREE to abstain from consumption of ALL alcoholic beverages for the duration of Boot Camp.

_____ I AGREE that I will follow my nutrition manual and make it available for review at all times by instructors.

_____ I AGREE to eat only the preferred foods during the course of my time at Boot Camp.

_____ I AGREE to show up for Boot Camp EVERY DAY unless it is an excused absence from my doctor, or pre-approved with Boot Camp directors.

_____ I AGREE to respect Boot Camp directors and my fellow attendees by setting my alarm clock properly and showing up for Boot Camp on-time, every morning.



BY SIGNING BELOW, YOU AGREE TO ALL OF THE ABOVE TERMS, CONDITIONS, POLICIES, AND PROCEDURES OF THE BOOT CAMP YOU ARE ATTENDING, AS WELL AS THE POLICIES OF DAVE DePEW BOOT CAMPS AND DAVE DePEW ENTERPRISES, INC.

YOU FURTHER WARRANT THAT YOU FULLY UNDERSTAND ALL OF THESE TERMS AND CONDITIONS, AND THAT YOU HAVE COMPLETED THE MEDICAL DISCLOSURES PORTION OF THE REGISTRATION FORM TO THE FULLEST AND MOST ACCURATE POSSIBLE EXTENT.

SIGNATURE OF BOOT CAMP REGISTRANT: _____

DATE OF REGISTRATION: _____