



HEALTH HISTORY FORM – Texas Fit Chicks Boot Camp ©

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

Primary EMAIL _____

DATE OF BIRTH ____/____/____ AGE _____

In case of emergency, contact:

NAME _____

HOME PHONE (_____) _____ Cell PHONE (_____) _____

NAME _____

HOME PHONE (_____) _____ Cell PHONE (_____) _____

Physician's Name _____

Physician's Phone Number (_____) _____

Email Website _____

Do you have now, or have you had within the past year:

Yes No

1. Difficulty with physical exercise? ---- ----

If yes, explain: _____

2. Advice from a physician not to exercise? ---- ----

If yes, explain: _____

3. A history of heart problems? ---- ----

If yes, explain: _____

4. High blood pressure? ---- ----

If yes, explain: _____

5. High blood cholesterol? ---- ----

If yes, explain: _____

6. Knee problems? ---- ----

If yes, explain: _____

7. Back problems? ---- ----

If yes, explain: _____

8. Shoulder problems? ---- ----

If yes, explain: _____

9. A history of miscarriage? ---- ----

If yes, explain: _____

I attest that the above information is true and correct to the best of my knowledge. I further affirm that the information collected on the health history form will ONLY be used for the purpose of this initial interview and general fitness programming recommendations. None of these recommendations should be interpreted as replacing, supplementing, or acting as medical advice. The club, its staff, instructors, trainers and affiliates will NOT be responsible for knowing or using any of the information collected on this health history form.

I hereby affirm that I am exercising with my physician's approval regarding a fitness program and have read and fully understand the above agreement. I attest that I have read and understand the above.

Printed Name _____ Date _____

Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

This Waiver and Release of Liability (the "Release") is executed on this ____ day of _____, 20__, by _____ (hereinafter "Client").

WHEREAS, Client has contracted with Texas Fit Chicks®, LLC ("TFC") to participate in a TFC Boot Camp Utilizing the TFC System®; and WHEREAS, Client makes the following representations, waivers and releases with knowledge that TFC relies upon the truth of each statement contained herein.

1. I hereby acknowledge and understand that my participation in a boot camp training program involves inherent risks of injury and death, especially if I have pre-existing health conditions related to weight, age and/or certain physical conditions. I hereby accept the full risk of injury and death and hereby hold TFC, its members, managers, officers, staff, employees, trainers and investors harmless from any and all claims for damages related to any personal injury or death as a result of my participation in the Texas Fit Chicks® Boot Camp.
2. I am fully and completely physically capable of participating in a boot camp training program of the intensity and difficulty provided by TFC and I am not aware of any illness or condition that would prohibit me from participating in the program or that could increase my risk of injury or death. The attached Health History Form is true and correct in all respects.
3. I understand that none of the agents, staff, trainers, members, managers, officers or instructors of TFC are medically licensed and they cannot give, nor will I seek from them, any medical diagnosis, advice or intervention. I agree to contact my personal physician both prior to commencing the boot camp training to confirm my physical capability of participating in the training, and also during the program should I experience any condition or sensation of abnormal or out of the ordinary physical well-being.
4. I understand that TFC shall provide valuable proprietary and confidential training practices, procedures and information in order to evaluate and train me on physical exercise and

nutrition without any guarantee as to results. I agree to maintain the confidentiality of such information and not to use, disclose or disseminate such information to any third parties or for the purposes of participating, directly or indirectly, in any business venture that competes with Texas Fit Chicks© Boot Camps within a thirty mile radius of any TFC location for a period of three years from the date of my boot camp training.

5. I REPRESENT AND WARRANT THAT I AM NOT A PERSONAL TRAINER AND THAT I DO NOT INTEND TO UTILIZE THE INFORMATION AND KNOWLEDGE I OBTAIN IN THE TEXAS FIT CHICKS® BOOT CAMP TRAINING PROGRAM TO TRAIN OTHER PERSONS IN ANY MANNER WHATSOEVER. I acknowledge that if I desire to become a personal trainer after attending the TFC Boot Camp that I will execute the TFC Trainer Agreement and pay the appropriate licensing fee.

6. I hereby consent to the use by TFC of my likeness and of any photos of me by TFC on its website, in advertisements and in any multi-media presentations by TFC highlighting or promoting its boot camps.

This Release is executed voluntarily in consideration of my participation in the TEXAS
FIT CHICKS® BOOT CAMP TRAINING PROGRAM.

I acknowledge that I have read and understood the entire contents of this Agreement and

I agree to be bound hereby.

Client Signature

Printed Name

Address

Phone Number _____

TEXAS FIT CHICKS®, LLC WAIVER AND RELEASE OF LIABILITY