



# Beat Cancer Boot Camp Membership Agreement

This is a onetime form with waiver for all Boot Camp activities, including lunches, dinners and classes. Must be signed by all members.

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Please check one: \_\_\_\_\_ Survivor or \_\_\_\_\_ Buddy  
 Briefly describe any current fitness activities, exercises/sports, interests and your health goals:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Assumption of Risk and Waiver of Liability

In consideration of being allowed to participate in Beat Cancer Boot Camp programs, I on behalf of my self and my heirs, executors or assigns hereby release and discharge Beat Cancer Boot Camp, Pima County, and its officers, directors, employees, representatives and volunteers from any and all claims, demands, rights of course of action, injuries or damages resulting from or arising out of incident of my participation in any Beat Cancer Boot Camp activities or events.

I understand that I participate in events and activities of Beat Cancer Boot Camp at my own risk and that Beat Cancer Boot Camp, Pima County, and its officers, directors, employees, representatives and volunteers and all others shall not be liable for any injuries or damages to me, or my property, or be subject to any claim, demand, injury, or damages whatsoever.

I am aware and understand that all the activities and events of Beat Cancer Boot Camp including strength, flexibility, aerobic exercise and use of equipment, are all potentially hazardous activities. I understand that fitness activities involve a risk of injury and even death, and I participate in these activities voluntarily, with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death.

I hereby further declare that I am not suffering from a condition, impairment, disease, infirmity, or illness that would prevent my participation in Beat Cancer Boot Camp activities, events, and programs or use of equipment, except as herein stated. I acknowledge the recommendation to have annual or more frequent physical examinations and consultations with my physician as to exercise, physical activity and use of related equipment. I acknowledge receipt of a Beat Cancer Boot Camp Medical Release Form. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or I have decided to participate in Beat Cancer Boot Camp without consent/consultation of my physician and hereby assume all responsibility for all participation in activities, programs and events of Beat Cancer Boot Camp and use of the equipment.

\*\*\*Please sign below or check the box as your online signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BCBC classes are held three times a week. Tuesday and Thursday evening classes are held all year long at 5:30PM. Tuesday and Saturday classes are held at Brandi Fenton Park. Thursday classes are held at Udall Park. Saturday morning class times may vary.

### Registration Options Listed By Session Below. Please Check A Session And Circle Payment:

_____ Session 1	Jan./Feb.	\$25 One Day Per Session	\$40 Two Days Per Session	\$60 Three Days Per Session
_____ Session 2	Mar./Apr.	\$25 One Day Per Session	\$40 Two Days Per Session	\$60 Three Days Per Session
_____ Session 3A	May/June	\$25 One Day Per Session	\$40 Two Days Per Session	\$60 Three Days Per Session
_____ Session 3B	Jul./Aug.	\$25 One Day Per Session	\$40 Two Days Per Session	\$60 Three Days Per Session
_____ Session 4	Sept./Oct.	\$25 One Day Per Session	\$40 Two Days Per Session	\$60 Three Days Per Session
_____ Session 5	Nov./Dec.	\$25 One Day Per Session	\$40 Two Days Per Session	\$60 Three Days Per Session