



And you thought your kids pushed you to the limit!

REGISTRATION:

Name: _____

Address: _____

Contact number: _____

E-mail: _____

Session desired: _____

How did you hear about us? _____

Sessions Include -

- Registration - New Recruit orientation, nutritional Seminar, Health assessment - goal setting
- Pre and post bootcamp body assessment
- 3 days/Week (MWF) - 4 weeks of Exercise
- Access to private groups page that includes recipe sharing, updates, and workout info - FREE

Session Rates -

1 time Registration Fee - \$49

1st Session (Recruit) - 3 days week (MWF) - \$129

2nd Session (Grunt) - 3 days week (MWF) - \$119

3 or more Sessions (Veteran) - 3 days week (MWF) - \$109

Special Buddy Rate - \$109/person/1st session only

Single class - \$15/class

Payment:

- Cash
- Check - Made out to Aileen Meyers
- Paypal



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Health Assessment Form

Name _____ Age _____ DOB _____ Date _____
Address _____ City, _____ State _____
Zip Code _____
Home Phone _____ Work _____
Cell _____
E-mail Address _____

Your Height _____ Weight _____

Hours of Exercise per week? _____

Water type and Intake per day (e.g. well or city) _____

Surgeries? _____

Blood Pressure: High? _____ Low? _____ Normal _____

Other Heart Conditions? _____

Alcohol intake per week _____ Tobacco or recreational drugs _____

Soda/diet Pop & diet food _____

Prescription Drugs _____

Nutritional products/Vitamins _____

Food Cravings _____

Caffeine intake _____

How do you handle stress? _____

Health

Goals? _____

Childhood Illnesses, _____

History of family Illness, i.e., cancer, diabetes, high blood pressure? _____

Bowel movements: _____ per day _____ week? _____ Constipation? _____ Diarrhea? _____

Blood type _____ Reactions to spider or insect bite? _____

Known food allergies? _____

Current complaint, illness or symptoms _____

Typical Breakfast? _____ Lunch? _____

Dinner? _____

Snacks? _____

Artificial Sweeteners _____

Please list any disease, illness, or ailments in your immediate family (i.e. mother-breast cancer, father-type II diabetic, grandfather-heart disease).



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Daily energy level: Excellent Good Fair Poor

Energy level after exercise: Excellent Good Fair Poor

Daily stress level: Very High High Moderate Low None

Do you have a support system of family and friends? _____

General enjoyment of life: Excellent Good Fair Poor

How many hours do you sleep? ____ Do you sleep throughout the night? ____

Do you wake up without an alarm? _____

Do you wake up feeling rested? _____ Do you fall asleep within 15 minutes? ____

Please describe any health concerns you think are important:

MAX-OUT Fitness
MAD Mamas Bootcamp
Aileen Meyers maxoutfit@gmail.com

MAX OUT Fitness
PO BOX 502533
SAN DIEGO, CA 92150

Please send completed form to address shown above.



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PARTICIPATION AGREEMENT; INFORMED CONSENT WAIVER; LIABILITY RELEASE; & NON COMPETE AGREEMENT

This agreement is entered into willingly by me, an individual, and the entities or persons listed below in section (A) on account of my desire to participated in a voluntary fitness program. I affirm my understanding that this fitness program is a test of a person's physical and mental limits and carries with it the potential for serious injury, death, and property loss. Risks include, but are not limited to those caused by terrain, temperature, weather, personal health condition, equipment, vehicular traffic, actions of other people including, but not limited to, participants, spectators, trainers, lack of hydration, and inadequate nourishment. I hereby assume all risks of participating in this activity. I Understand and acknowledge that MAX-OUT Fitness does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned. I realize that liability may arise from negligence, or carelessness on part of the persons or entities being without fault. I hereby take action for myself, my executors, administrators, next of kin, successors, and assigns as follows:

1. Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me including my traveling to and from Boot Camp Training. The following persons or entities: MAX-OUT Fitness Company, MAD Mamas Boot Camp, the City of San Diego, the City of Poway, San Diego Parks and Recreation, Poway Parks Department, Sabre Springs Community Recreation Center, Hilltop Recreation Center, the State of California Parks Department, their instructors, officers, affiliates, employees, agents, board members, and executors
2. Indemnify and Hold Harmless the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by negligence of releases or otherwise.

I understand the purpose of the MAD Mamas Boot Camp program offered by MAX-OUT Fitness is to provide fitness instruction and coaching for various levels of athletes/individuals.

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

1. The instructor and assistants are not physicians and are not trained in any way to provide medical diagnosis or any other type of medical advice.
2. That coaching/training provided by MAX OUT Fitness is designed to help increase health and fitness and MAD Mamas Boot Camp is another tool for teaching athletes/individuals about themselves, and MAX OUT Fitness does not guarantee any specific fitness or health results by my participation.
3. That the undersigned has been told if they feel tired, feel pain, or feel out of the ordinary in any way either related to their training, or otherwise, that they should stop the training session and contact a physician.
4. Acknowledge that they are fit, do not have a physical injury or condition that would preclude participation in regular vigorous exercise and have not been advised otherwise by a qualified medical person, and they have a regular medical physician they can contact regarding any medical problems that they might develop.
5. Acknowledges I am asking to participate in this progressive fitness program strictly for personal reasons to improve my fitness conditioning and acknowledge that as a result.
6. Acknowledges that this Accident waiver and Release Liability Form will be used by MAX OUT Fitness and that it will govern my actions and responsibilities at during my activities with the Boot Camp.
7. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my Boot Camp training.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I also acknowledge that I have been informed of the need to obtain a physician's exam and approval prior to beginning this exercise program. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, tainting, heart attack or even death. I also understand that I may stop any training session at anytime. By signing this document, I assume all risk for my health and well being and any resultant injury that may affect my well being or health in any way and hold harmless of any responsibility, the instructor, facility or persons involved with the program and testing procedures.

Signature

Printed Name

Date



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PERFORMANCE CONTRACT

Total reformation must begin with you. MAX OUT Fitness will provide the tools necessary to reach your goal, but ultimately this journey is between you and yourself! If you want to achieve/exceed these goals, then you will follow the guidelines set forth in this performance contract. Remember that doing the complete opposite can result in fat mass gain, body composition increase, or lean muscle loss. We want you to achieve your goals!!

MY PERSONAL PROMISES

1. To attend 10 out of 12 exercise classes during the next four weeks. _____
2. I agree to abstain from the use of foul language during Boot Camp. _____
3. I agree to follow the nutritional guidance to the best of my abilities _____
4. I agree to show up for Boot Camp every day unless it is an excused absence from my doctor. _____
5. I will arrive at camp ON TIME! _____ (Set all your alarms and try not to hit the snooze 12 times!!)

AILEEN'S PROMISES TO YOU

1. To lead all classes, except when ill, unless advance notice is given.
2. Give each student feedback regarding her progress.
3. To help each student set new goals.
4. I will keep all health/personal information private.

POLICY NOTICES

1. Video or photos may be taken during the course of my involvement in MAX OUT Fitness which may be used for promotional purposes and i provide my release for the same. _____
2. I understand there is no refund policy, but I can receive credit for my unused portion of camp towards a future camp if, for reasons beyond my control, I am not able to complete the one I originally joined. I understand that absences cannot be recouped or made up. Camp credits may not be used towards any other products or services provided by MAX OUT Fitness. _____
3. I understand that I may only attend the class I am registered in and there are no make-ups or credits for missed classes. _____

Signature

Printed Name

Date