



FEMALE BOOTCAMP

Name

Address
.....
.....

Post Code

Mobile number

Email

Where did you hear about Female Bootcamp? Please highlight!

Friend / Social Media / Google

I wish to participate in activities that may include aerobic exercise, resistance exercise and stretching of a high intensity. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me. I also confirm that I have authorisation from my doctor that I am able to engage in physical exercise.

Please note that Female Bootcamp may video or photograph classes, these are only used for marketing purposes and your personal information is to provide you with offers and promotions only. Please note we do not do any cold calling or indirect marketing and we will not sell or pass contact details on to any third party.

Client's Name:	Trainer's Name: Fleur Richardson
Clients Signature: Date :	Trainers Signature: Date :