

Uxbridge Fitness Classes: SPRING 2024 Enrollment, PAR-Q and Release Form

Please complete form in its entirety and submit cash, Venmo or check payable to "Momentum Fitness, Inc". See below for pricing information. **Form due by March 9, 2024 for any discounts**

Rachel Howe: Cell: 617-852-9662 *Email me for mailing address Email: rachel@gainyourmomentum.com

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Primary Email Address: _____
Emergency Contact Name: _____ Phone: _____

Boot Camp Session: March 11-May 22, 2024 (10 Monday Nights, 10 Wednesday Nights, 8 Saturday Classes).

Full session (28 classes): \$280 (this includes our highest discount at \$10 per class!)

OR: Check which days you will be coming.

Mondays Only (10 classes): \$120 Mondays and Wednesdays (20 classes): \$220
 Wednesdays Only (10 classes): \$120 Mondays and Saturdays (18 classes): \$198
 Saturdays Only (8 classes): \$96 Wednesdays and Saturdays (18 classes): \$198

Total enclosed: _____

Note: due to space being limited to first come, no refunds can be given to missed classes, but you are welcome to Make up a missed class during the same session if room permits.

Class times: Boot Camp: Mon & Wed 6:00pm & Saturdays 8:30am at the Community House

Boot Camp Evening classes will run Mon & Wed evenings from March 11-May 22 at 6pm (NO CLASS 4/15 or 4/17)

Boot Camp Saturday classes will run Saturdays from March 23 – May 18 at 8:30am (NOTE: NO CLASS 3/16 or 3/30)

PAR-Q FORM: Please mark YES or No to the following:

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	_____	_____
Do you frequently have pains in your chest when you perform physical activity?	_____	_____
Have you had chest pain when you were not doing physical activity?	_____	_____
Do you lose your balance due to dizziness or do you ever lose consciousness?	_____	_____
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	_____	_____
Are you pregnant now or have given birth within the last 6 months?	_____	_____
Have you had a recent surgery?	_____	_____

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? _____

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals? _____

IF YOU ANSWERED YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or participating in this fitness boot camp. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities and follow his/her advice.

IF YOU ANSWERED NO to all questions:

and you feel you may start becoming more physically active, still use discretion. Begin slowly and build up gradually.

Please read the following consent/liability release form below:

I acknowledge that boot camps, running, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. I, the undersigned, assume the risks of participating in these types of events/activities. I, the undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Momentum Fitness, Inc, for the undersigned participating in said training and or sporting events.

Momentum Fitness shall not be liable for any injuries or damages to me, or subject to any claim, demand, injury or damages, whatsoever, including action. I acknowledge that I have carefully read this paragraph and fully understand that this is a waiver and release of liability. It is my responsibility to ensure that I am physically able to participate in this program. Only a doctor can advise me on my ability to participate. By my signature below, I am acknowledging that I have been given the opportunity to obtain that advice and that I have been advised that I can participate.

Momentum Fitness Inc. reserves the right to cancel this class at any time for any reason and will refund any unused portion of your funds to you.

_____/_____/____ (Signature and date) *If under 18, a parent or guardian will sign