

David Gilks, MES, PFT
Unit C-2 6439 Portsmouth Road
Nanaimo, BC V9V 1R6
250-390-3160

DAVID GILKS

CORE ESSENTIALS^{INC}



BOOT CAMP MEMBERSHIP FORM

For more information please call:

Phone (250) 390-3160

Fax (250) 390-3159

www.core-essentials.net

Please ensure that all questions are answered complete with phone numbers / fax numbers / medical contact information. A \$20.00 charge administrative fee will be levied for incomplete forms.

BOOT CAMP
SCREENING
QUESTIONNAIRE

Name: _____ Date: _____

Email: _____ Age: _____

Home Ph: _____ Work/Cell: _____

Physician: _____ Phone: _____

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Please read each question carefully and answer every question honestly:

- YES • NO 1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
- YES • NO 2. When you do physical activity, do you feel pain in your chest?
- YES • NO 3. When you were not doing physical activity, have you had chest pain in the past month?
- YES • NO 4. Do you ever lose consciousness or do you lose your balance because of dizziness?
- YES • NO 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- YES • NO 6. Is a physician currently prescribing medications for your blood pressure or heart condition?
- YES • NO 7. Do you have insulin dependent diabetes?
- YES • NO 8. Have you seen a physiotherapist or chiropractor in the last 12 months?
- YES • NO 9. Do you have any history of problems with your back?
- YES • NO 10. If applicable, are you pregnant?
- YES • NO 11. Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, you must talk with your doctor BEFORE you become more physically active. If you honestly answered no to all questions you should increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Please tell us of any other injuries old or new we should be aware of:

APPLICANT'S SIGNATURE _____ DATE SIGNED _____

BOOT CAMP
AGREEMENT AND
RELEASE OF LIABILITY

Applicant Name: _____

Applicant Address: _____

In consideration of being allowed to participate in any way in the activities and programs of Core Essentials Inc. and use of its facilities, equipment and machinery, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program including strength, flexibility and aerobic exercise and the use, supervised and unsupervised, of training equipment is significant, including the potential for permanent paralysis & death, and while particular rules, equipment, & personal discipline may reduce this risk, the risk of injury does exist; and,
2. I understand this program does not provide medical treatment, nor are its fitness professionals licensed medical professionals.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
4. I willingly agree to comply, with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest representative of Core Essential Inc. immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Core Essentials Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

APPLICANT'S SIGNATURE **DATE SIGNED**

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CORE ESSENTIALS INC



BOOT CAMP

POLICY AGREEMENT

I, _____, agree to the following terms:

- () 3 CONSECUTIVE MONTHS OF BOOT CAMP
- () 1 MONTH OF BOOT CAMP
- () ON GOING MONTHLY BOOT CAMP

I understand that:

1. There will be no refunds or exchanges after payment has been received. Invoicing will not be discounted for non-attendance.
2. Any classes that are cancelled, after billing has been completed, will be credited towards the next month Boot Camp.
3. Payment will continue for the committed time unless a documented medical issue is presented.
4. After my 1 or 3 month commitment has past, I will be given the option to become an 'ON GOING' participant which will require my credit card information for monthly invoicing.
5. Invoicing is done automatically at the end of each month and continues unless I have informed my instructor otherwise, and signed a 'Termination of Boot Camp Monthly Invoicing' form provided by the instructor.
6. Fit-to-the-Core Boot Camps are subject to cost changes at any time. Notification will be provided prior to next billing cycle.

APPLICANT'S SIGNATURE **DATE SIGNED**