



## **COMBAT SPIN CAMP TRAINING TO ACHIEVE YOUR GOALS!**

Pricing see page 2

**6751 S 900 E**

**MIDVALE, UT 84047**

**EMAIL US: [info@bootcampwithjess.com](mailto:info@bootcampwithjess.com)**

**CALL US: (801) 205-3398 or (801) 419-2330**

**FRIEND US: Bootcamp with Jess Midvale**

**VISIT OUR WEB SITE: @ [www.bootcampwithjess.com](http://www.bootcampwithjess.com)**

Referred by: \_\_\_\_\_  
Ask about our referral program! Get free training!

## INTRODUCTION

Combat Spin Camp is one-of-a-kind spinning with state-of-the-art Matrix Livestrong bikes. These quite machines use Kevlar belts and are fully customizable for your height and feature clip-in pedals as well as cage.

We are proud to offer the best spin classes in the Salt Lake area, and we incorporate Thompson Gel Bars during the class to tone and sculpt your upper body. Our popular spin workouts get your heart pumping at maximum efficiency to help you burn fat, and come with added benefits including:

Improved core strength  
Better muscle tone throughout your body  
Enhanced flexibility

### **EQUIPMENT NEEDED (MANDANTORY)**

- ◆ **FOOT GEAR (clip-ins or a stiff-soled cross trainer)**
- ◆ **WATER BOTTLE**
- ◆ **SMALL TOWEL**

### **SCHEDULE**

<b>Monday</b>	<b>5:30 p.m. Beginner to moderate</b>
<b>Tuesday</b>	<b>6:00 p.m. Beginner</b>
<b>Wednesday</b>	<b>5:30 p.m. Beginner to moderate</b>
<b>Friday</b>	<b>6:00 a.m. Moderate to advanced</b>
<b>Saturday</b>	<b>6:00 a.m. Moderate to advanced</b>

<b>10-class punch pass</b>	<b>\$75</b>
<b>Single class</b>	<b>\$10</b>

Payment types: Cash / Check / Credit / Debit Card / PayPal / Venmo: Jesse Thomas  
@bootcampstrong.

Checks made to Bootcamp with Jess. A \$20.00 fee will be charged on all return checks.

If you have health issues you need written permission from your physician.

I, \_\_\_\_\_, hereby acknowledge that I have read the foregoing Packet of information, specifically; Introduction, Training Schedule, Assumption of Risk and Risk of Accident, and filled out the Health History Questionnaire to the best of my knowledge and ability and further acknowledge the following:

1. I understand that if at any time during the training I experience any type of physical, mental or emotional problems with regard to the strenuous activity I will immediately notify the Instructor of the issue and have the right to withdraw from the program.
  
2. I understand failure to notify the Instructor could result in physical harm to me and fully understand that this is my own responsibility. I acknowledge that I have listed all health problems or issues on the medical questionnaire and/or completely described my condition. I understand that my failure to address any medical issue could result in physical harm to myself and I accept full responsibility for said; unless such activity is due to defective equipment which Bootcamp with Jess was aware of or with reasonable inspection would have been aware of.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONSENT FOR VIDEO RECORDING:

I, \_\_\_\_\_ hereby consent to be video recorded and allow the recording to be used by any Bootcamp with Jess.

SIGNATURE: \_\_\_\_\_

**ASSUMPTION OF RISK  
AND  
RISK OF ACCIDENT**

It is advised but not required, that any client(s) obtain a physical examination from his or her physician prior to training. In recognition of the hazards connected with any physical activity, client(s) hereby knowingly and voluntarily waive(s) any cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue. Any client(s) using the equipment, or the facilities does so at their own risk. It is further agreed that all exercises including the use of weights, number of repetitions, and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the client(s) sole risk. Client specifically agrees to indemnify Bootcamp with Jess for any cause of action other actions in direct connection with of the foregoing including reimbursement for attorneys' fees and costs and other requested relief.

**By signing below, I state that I have read and understand the assumption of risk and risk of accident and that I voluntarily waive(s) any cause of action of any kind.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell phone #

\_\_\_\_\_  
Alt phone #

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Emergency Contact Name / Phone

## Health History Questionnaire

Have you had any:

Medical Problems? Yes \_\_\_ No \_\_\_ / Hospitalizations Yes \_\_\_ No \_\_\_ / Surgeries Yes \_\_\_ No \_\_\_

If yes to any, please list:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you taking any medications? Yes \_\_\_ No \_\_\_

Current Medications / Doses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you had any injuries? Yes \_\_\_ No \_\_\_

If yes, please list:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any other medical condition that would hamper you in doing extreme fitness training?

Yes \_\_\_ No \_\_\_

**Lung Problems**

Wheezing Yes \_\_\_ No \_\_\_ Asthma Yes \_\_\_ No \_\_\_ Short of breath Yes \_\_\_ No \_\_\_

**Heart Problems**

High blood pressure Yes \_\_\_ No \_\_\_ Chest pain or discomfort Yes \_\_\_ No \_\_\_

Breathlessness with exertion Yes \_\_\_ No \_\_\_ Breathlessness while lying flat Yes \_\_\_ No \_\_\_

Swelling of lower extremities Yes \_\_\_ No \_\_\_ Heart Attack Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Heart Surgery Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Muscle or joint pains Yes \_\_\_ No \_\_\_ Arthritis Yes \_\_\_ No \_\_\_ Gout Yes \_\_\_ No \_\_\_

Joint Swelling Yes \_\_\_ No \_\_\_

Depression Yes \_\_\_ No \_\_\_

Blood clots in the legs or lungs Yes \_\_\_ No \_\_\_

Fainting Yes \_\_\_ No \_\_\_ Seizure Yes \_\_\_ No \_\_\_ Paralysis Yes \_\_\_ No \_\_\_ Stroke Yes \_\_\_ No \_\_\_

Numbness Yes \_\_\_ No \_\_\_ Tingling Yes \_\_\_ No \_\_\_ Brain tumor Yes \_\_\_ No \_\_\_

Please list any other medical information you feel Instructor Thomas needs to know prior to beginning training. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**Bootcamp with Jess (Bootcamp Jess & Company, BCWJ)** has put in place preventative measures to reduce the spread of COVID-19; however, Bootcamp with Jess **cannot guarantee** that you or attendees will not become infected with COVID-19. Further, **attending Bootcamp with Jess could increase** your risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Bootcamp with Jess and that such exposure of infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Bootcamp with Jess may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bootcamp with Jess employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, or any kind, that I may experience or incur in connection with my attendance at Bootcamp with Jess or participation in Bootcamp with Jess programming (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Bootcamp with Jess, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Bootcamp with Jess, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Bootcamp with Jess program.

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Signature

Date

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Print Name