



S.O.T. (SPECIAL OPS TRAINING)
ACHIEVE YOUR GOALS!
JUST 30 DAYS, WE WILL CHANGE YOUR
LIFE!

Pricing see page 2

PRIMARY
LOCATION:
6751 S 900 E
MIDVALE, UT 84047
EMAIL US: 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

YOU, THE CONSUMER, MAY CANCEL THIS AGREEMENT AT ANYTIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE ON WHICH THE AGREEMENT IS EXECUTED. WRITTEN NOTICE IS REQUIRED TO CANCEL. PLEASE EMAIL OR MAIL TO THE ADDRESS ABOVE.

Date _____

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

INTRODUCTION

During the next 30 days of your fitness training, you will undergo a life changing experience. No matter what you think your limits are, this training will change your mind set. This program is designed to get you out of your comfort zone and on to a NEW YOU!

EQUIPMENT NEEDED (MANDANTORY)

- GOOD FOOT GEAR (clear of any grass or debris)
- WATER (120 oz min daily)
- SMALL TOWEL

EQUIPMENT (OPTIONAL)

- BOOTCAMP LOGO SWEATPANT / SHIRT (see studio)
- BELT (provided at studio)
- GLOVES

ENROLLMENT PRICING

Monday – Friday

60-day Phase \$500 Best value (two payments of \$250. 1st installment billed 1st day of training. 2nd installment billed 31st day of training).

30-day Phase: \$300 (billed 1st day of training)

20-day Phase: \$375 (billed 1st day of training)

Split Phase (2-day per week)

30-day phase: \$150 (billed 1st day of training)

20-day phase \$187.5 (billed 1st day of training)

5-day Weekly rate: \$75

Combat Spin

| | |
|---------------------|------|
| 10-class punch pass | \$75 |
| Single class | \$10 |

MPRE 21-Week Meal Plan

Our 21-week meal plan was specifically designed to coincide with our specialized training. Pick up your copy on Kindle at: [amazon.com/Meal-Plan-Ready-Eat-21-Week-ebook](https://www.amazon.com/Meal-Plan-Ready-Eat-21-Week-ebook)

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. Payment is made at the beginning of each 30-day or 20-day program. We do not hold or store payment information.

TERM OF ENROLLMENT IS BASED ON 5 TO 30 TRAINING DAYS.

Items of equipment or services provided by Bootcamp w/ Jess P.T. with a purpose are subject to deletion or change at the discretion of Bootcamp w/ Jess P.T. with a purpose.

If this health spa ceases operations at or changes the consumer's primary location in violation of Utah Code Subsection 13-23-3(7) or (8), no further payments under this contract shall be due to anyone, including any assignee of the contract or purchaser of any note associated with or contained in this agreement.

TRAINING SCHEDULE

Monday – Friday consists of upper and lower circuit training.

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

By signing below, I state that I have read and understand the enrollment regulations.

Signature _____ Date _____

Termination clause: Should client decide to cancel their enrollment; any refunds will be at the discretion of Bootcamp with Jess where a pro-rated amount will be calculated based upon dates of service and any processing fees. _____ Initial here

No makeup time will be allowed for any other missed days without prior consent. No makeup time will be allowed on discounted sessions or specials. Please advise Instructor of any other days you may need to miss. Holidays observed: New Years, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas.

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

This will be no doubt the most challenging training of your life. Once your 30 training days are completed, you need to modify your lifestyle “for life” and continue your healthy life so you can keep your shoulders back and chin up. ALWAYS remember who you are!

I, _____, hereby acknowledge that I have read the foregoing Packet of information, specifically; Regulations, 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.

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.

Signature

Date

Print Name