



Name Age Sex

City State Zip Code Phone Number

E-mail Address Shirt Size

Training Goals

Emergency Contact Information

Name Relationship

Phone Number Address

Please list any drugs or medications

Are you taking any drugs or medications? you are currently taking

Physicians Name Physicians Phone Number

Does your physician know you are participating in this exercise program? Please describe your current exercise program

Pregnancy (current or within last

History of breathing or lung

Muscle, joint or back disorder

Diabetes or Thyroid condition

Obesity (more than 20% over

Cigarette smoking

ideal body weight)

Previous injury still affecting you

3 months)

problems

Please select any current or previous condition

History of heart problems, chest pain or

stroke

Increased blood pressure

Increased blood cholesterol

Family history of heart problems

Any chronic illness or condition

Physical Exercise difficulty

Physician advice or restrictions from

exercise

Recent surgery (last 12 months)

Cigarette smoking

Condition aggravated by weight

lifting (hernia etc.)

Please describe any selected conditions in detail

Membership Options

\$126 quarterly payment (\$32.00/month) - On-Line Phone App - FB Live Bootcamp - YouTube Private Channel Membership

\$224 quarterly payment (\$56.00/month) - 2x weekly live training at Coach Rozy Bootcamp Training Site - YouTube Private Channel Membership

\$352 quarterly payment (\$88.00/month) - Unlimited live training - On-Line Phone App - FB Live Bootcamp - YouTube Private Channel Membership

Please input and complete your selected guarterly payment amount at the Coach Rozy PayPal Link.

CANCELLATION POLICY: If payment is not completed on line by the 5th of each month, membership will be "frozen" and access to on-line app, access to private group FB Page will be shutoff, membership to YouTube Channel will be canceled and live training sessions will be off-limits until payments are current.

SESSION POLICY: All sessions and programs must be paid in advance before any training begins (there will be a 5 day grace period at the start of each month). All sessions will begin at the scheduled time. No refund or credit will be granted if you are late, miss a session or do not use a service offered. You agree to inform your coach of any conditions or changes in your health while participating in the Program. Sessions maybe canceled due to low number of participants.

INFORMED CONSENT:

I have requested participation in the Coach Rozy Elevation Nation Bootcamp - Powered by AVERA Sports (hereinafter referred to as the "Coach Rozy Bootcamp"). I understand my participation is voluntary and I may withdraw at any time from Coach Rozy Bootcamp. Any money paid to Coach Rozy Bootcamp is non-refundable. The benefits associated with my participation include information regarding the enhancement of my physiological performance, improved knowledge of activities and methods available for ongoing maintenance/enhancement of personal fitness and physiological response. Any programs and Coach Rozy Bootcamps participation will be supervised by Coach Rozy Bootcamp staff or interns under staff supervision. I understand that participation in Coach Rozy Bootcamps should not result in physical injury to me; however, I acknowledge that in the event of physical injury resulting from participation in Coach Rozy Bootcamp, no medical treatment or monetary compensation will be provided by Coach Rozy Bootcamp or Coach Rozy Bootcamp staff. I do have coverage under my own health insurance policy. I acknowledge Coach Rozy Bootcamp is relying on all information provided by me regarding my medical history and condition before allowing me to participate in Coach Rozy Bootcamp. I certify the information provided to be true and correct.

Typing your name in this field indicates the participant acknowledges all previous statements and has truthfully provided all information to the best of their ability.

Typed Participant Agreement Signature