



Disclaimer, Waiver And Release for Connections Paradise.

1. You are responsible for exercising within your limits and assume all risks of injury that resulting from participating in Connections Paradise Fitness Bootcamp Group Exercise Program.
2. During the exercise if you feel you are exercising beyond your current fitness abilities or feel discomfort, dizziness or sickness you should stop exercising immediately.
3. If you are currently under medical supervision, please consult your doctor before taking part in Connections Paradise Fitness Bootcamp Group Exercise Program.
4. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in Connections Paradise group exercise Bootcamp. I represent and warrant that I am physically fit and I have no

medical condition that would prevent my full participation in this class.

5. In consideration of being permitted to participate in Connections Paradise Fitness Bootcamp, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

6. Each individual will have their own weight loss transformation, which will be also based on the individual adopting a low fat, lower-calorie and portion control eating lifestyle.

7. Each participant is responsible for checking with their dietitian to see their recommended daily calorie intake. Unfortunately, I am not a registered dietitian and cannot suggest what your daily calorie intake is.

8. I knowingly forever release, waive, discharge and covenant not to sue Connections Paradise or any Fitness Coach for any injury or death caused by any fitness exercise or any other acts.

I have read the above release and waiver of liability and fully understand its content.

I voluntarily agree to the terms and conditions stated above.

Name (Please Print: _____

Birthday: _____

In Case Of Emergency Contact: _____

Phone: _____

Participant's Signature: _____

Date: _____

(Parent's Signature If under 18 Years of age)

I represent that I have Legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: _____