

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE OCIFIT GAMES

Physical activity should not be hazardous for most people; however, **THIS IS A PHYSICALLY INTENSE COMPETITIVE EVENT** and we strongly recommend that every participant get checked and cleared by a medical professional before engaging in strenuous physical activity.

(PLEASE PRINT CLEARLY)

DATE _____ EMAIL _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGE _____ D.O.B. ____/____/____ GENDER _____

THIS IS A PHYSICALLY INTESE COMPETITIVE EVENT. IF YOU HAVE ANY HEALTH-RELATED ISSUES, WE HIGHLY RECOMMEND YOU GET CLEARED BY A MEDICAL PROFESSIONAL.

PARTICIPANT ACKNOWLEDGES THAT THIS IS AN EXTREMELY PHYSIALLY INTENSE COMPETITION.

PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF OC FIT HB, OC FIT WEST, OC FIT BODY ENERGY, OC FIT SKYPARK, OC FIT BODY INC, OC FIT RANCHO, OC FIT LAS2WINZ, THE OC FIT GAMES, STEVE HOCHMAN, JESSICA EBRECHT, DANIEL KRYMOW, MARGARITA GUZMAN, NATALIA GUZMAN, THEIR FAMILIES AND ANY OC FIT AFFLILIATES, EMPLOYEES, PRIVATE CONTRACTORS AND TRAINERS:

PARTICIPANT ACKNOWLEDGES THESE INTENSE PHYSICAL ACTIVITIES INVOLVE THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO: HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER PARTICIPANT’S PARTICIPATION IN THE PHYSICAL ACTIVITES. PARTICIPANT FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO: INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A PARTICIPANT, SLIP AND FALL BY PARTICIPANT, OR AN UNKNOWN HEALTH PROBLEM OF PARTICIPANT. PARTICIPANT AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES, PARTICIPANT AFFIRMS THAT PARTICIPANT IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYISCAL ACTIVITIES. PARTICIPANT ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND PARTICIPANT AGREES THAT IT IS THE RESPONSIBILITY OF PARTICIPANT TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF PARTICIPANT TO TAKE PART IN FIT BODY BOOT CAMP PHYSICAL ACTIVITIES. BY SIGNING THIS AGREEMENT, PARTICIPANT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. PARTICIPANT AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS. THIS WAIVER OF LIABILITY EXTENDS TO ALL FIT BODY LOCATIONS LISTED ABOVE.

Sign: _____ Date: ____/____/____

