



‘Fit 2 Box’ Form

Please complete this form to confirm your place in the JUMP START ‘Fit 2 Box’ class.

Name: _____ **D.O.B:** _____
Address: _____
Email: _____ **Mobile:** _____
Emergency Contact Person: _____ **Mob. (or work):** _____

Why are you interested in taking this class?

- General health and fitness
- To improve my coordination
- To tone and define my physique
- Self-defence skills
- Concentration
- Stress Management
- Cardiovascular Fitness
- Body Fat Loss
- Curiosity
- Fun
- Other _____

Participation History

- I have never participated in a boxing class before.
- I used to box once / twice / three times a week until _____.
- I have boxed once / twice / three times a week, and have been for _____ yrs/mths.

Do you have or have you had:	Yes	No		Yes	No
Dizziness or Fainting			Stroke		
Heart Problems			Diabetes		
High Blood Pressure			Epilepsy		
Low Blood Pressure			Asthma		
High Cholesterol					

Please Give Details:

Any pain or major injuries?:	Yes	No		Yes	No
Neck			Hips		
Back			Knees		
Shoulders			Ankles		
Other:					

Please Give Details:

Please list here any other medical injuries or concerns that you may have and/or medications that you may be on:

How did you hear about this Jump Start service?

- Referral from _____
- Shop Front
- Brochure
- Website
- I am a returning client.
- Other _____

Services

If you were to pick up another Jump Start class, what types of services would interest you?

- Personal Training
- Buddy Training
- Small Groups
- 'Run 4 Fun' Club
- 'Walk 2 Trot' Club
- Mums With Bubs
- Outdoor Yoga
- Outdoor Pilates

Thank you Gifts

Most of our clients come to us because someone they know has been very happy with the way we have looked after them, and also because of the great results that they have achieved. When we receive these referrals we like to say thank you properly with a gift you would actually enjoy. In the next 2yrs we hope that we do not have to spend any money on advertising & marketing, because all our new 'jump start family' will be **referred** to us by our current happy 'jump start family'. We hope you can help us with this goal, so we can pass on the savings to you. So if you were to receive a gift for referring someone to us, what would be 3-5 of the most ideal options from the list below?

- ___ Book Voucher
- ___ Movie Voucher
- ___ CD Voucher
- ___ Personal Training voucher
- ___ Jump Start Merchandise
- ___ A Spray Tan
- ___ A Massage
- ___ Fitness Pack
- ___ Gift voucher to try other Jump Start services
- ___ Food Hamper
- ___ Flowers -> My favourite is.....
- ___ A Beauty Therapy Appointment -> My favourite treatment is.....
- ___ Magazine Subscription -> My favourite is.....
- ___ Perfume/Aftershave -> My favourite is.....
- ___ A Restaurant Outing -> My favourite restaurant style is
- ___ A Sporting Event -> My favourite is
- ___ A bottle of wine -> My favourite is

Blood Pressure Check

Date:	RHR:	Blood Pressure Reading:
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I wish to participate in the JUMP START 'Fit 2 Box' Classes @ \$25 per class.

- My fortnightly debit will come from my cheque or savings account for a minimum of 6 debits.
- My fortnightly debit will come from my credit card account for a minimum of 6 debits.
- I understand that if I am not already a JUMP START client, that there is a once-off initial start-up fee of \$79 as well. No matter what other service I decide to use with Jump Start, I understand that I will not have to pay this again.

Terms and Conditions

I agree to give 24 hrs notice if I am unable to make my allocated session, otherwise I will be charged the FULL AMOUNT. We appreciate your consideration for our trainer's time and other clients who may want appointments. If my trainer is unable to make my allocated time slot, without prior notice, then my next session will be complimentary.

I understand that JUMP START has wet weather venues, so my session is on rain, hail or shine!

Cancellation of program is at Company's discretion. If this occurs a full refund of remaining \$\$ will be given.

Signed

Date

Acknowledgment Release and Assumption of Risk

Warning

THIS IS AN IMPORTANT DOCUMENT, WHICH EFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS.

**PLEASE READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU UNDERSTAND IT.
IF YOU HAVE ANY QUESTIONS, PLEASE ASK.**

Participant's name: _____ D.O.B. _____

Acknowledgment of Risks, Injury and Obligations

I acknowledge that activities I undertake with JUMP START Personal Training Pty Ltd (the "activities") have potential dangers and by participating in them I am exposed to certain risks.

I acknowledge and understand that whilst participating in any such activities:

- I, or any baby, toddler, child, dog etc that I bring with me, may be injured, physically or mentally, or may die.
- Any physical conditions I may have (or any baby, toddler, child, etc that I bring with me may have), of which I may or may not be aware, or of which I may or may not have disclosed to JUMP START Personal Training Pty Ltd or its employees or agents, may be aggravated or worsened by my participation.
- My personal property may be lost or damaged.
- Other people participating in such activities (or any baby, toddler, child, etc that those other people may bring with them) may cause me or the baby, toddler, child, dog etc that I bring with me, injury, or may damage my property.
- I may cause injury to other people or damage their property.
- The conditions and venues in which activities are conducted may vary without warning.
- I, or any baby, toddler, child, dog etc that I bring with me, may be injured or die or suffer damage to property as a result of the negligence or breach of contract of JUMP START Personal Training Pty Ltd, and/or its employees or agents.
- There may be inadequate or no facilities for treatment of me or any baby, toddler, child, dog etc that I bring with me, in the event of an injury, and there may be no immediate transport available to transport me (or any baby, toddler, child, dog etc that I bring with me) to adequate treatment facilities, in the event of an injury being suffered.
- Throughout the Fit 2 Box Session time, I understand that the trainer cannot always be keeping an eye on everything I do. Taking the normal safety precautions to stay injury free is my responsibility.
- I understand that the choice to participate in the exercise during the Fit 2 Box Club is solely my decision. My trainer will help me with my education in regards to boxing & kickboxing, but it is my responsibility to find out what is best for my body. I can choose not to participate in any activities during the sessions that my trainer has requested me to do.

I, assume the risk of, and the responsibility for, any injury, illness, death or loss of or damage to property resulting from my participation in any activities.

Release and Indemnity to JUMP START PERSONAL TRAINING PTY LIMITED, IT'S EMPLOYEES AND AGENTS

In consideration of the acceptance of my payment (or guest status) for participating in any activity (and except to the extent that the business may be precluded by statute) I agree:

1. I participate in the activities at my sole risk and responsibility.
2. I forever release, indemnify and hold harmless JUMP START Personal Training Pty Ltd together with all directors, shareholders, employees and contractors, from and against all and any actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or any baby, toddler, child, etc that attends any activities with me, or my property, directly or indirectly, whether by an act of negligence (other than gross negligence), breach of contract, breach of duty, default or in any way whatsoever, to the fullest extent permitted by law.

I also agree that in the event that I or any baby, toddler, child, dog etc that I bring with me am injured, or my property is lost or damaged, I will bring no claim, legal or otherwise, against JUMP START Personal Training Pty Ltd or its employees or contractors, in respect of that injury, loss or damage.

Before signing this document I have read and understood it and know how it effects my legal rights.

Signed by: _____ Date: _____