



# TITANIUM FITNESS

## BOOT CAMP APPLICATION

**APPLICANT INFORMATION:**

**Full Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

**E-Mail**

**Gender**

Male

Female

**DOB**

**EMERGENCY CONTACT INFORMATION:**

**Contact Name**

**Contact Number**

**Relationship**

**MEDICAL HISTORY: Do you suffer from/have you ever suffered from any of the following:**

	Yes	No
Heart/Blood Pressure Problems		
Pains in Chest During Exercise		
Fainting/Dizzy Spells		
Epilepsy		
Diabetes		
Asthma/Difficulty Breathing		
Problems with Joints		
Neck/Back Problems		
Are you Currently Pregnant?		
Other Medical Conditions (Please List Below)		
Do You Smoke?		
Do You Drink Alcohol?		
Any Medications? (Please List Below)		

If You Answered Yes to any of the above, please explain:

**CAMP OPTIONS:** Select the Camp package for which you would like to enroll. Payment in full is required before your first session.

**3 Months (\$224 + tax) MOST POPULAR!**

**1 Month (\$84 + tax)**

**Drop In Camper (\$25 + tax per Camp)**

**Personal Training - We will contact you for pricing & payment options**

**ASSUMPTION OF RISK & WAIVER OF LIABILITY:**

In consideration of the services and activities provided by Titanium Fitness, LLC and the inherent risks therein, I do hereby waive any and all legal claims of causes of action against and release and indemnify and hold Titanium Fitness, LLC, along with its owners, members, assigns, licensees, licensors, agents, representatives, employees, officers, shareholders, and subsidiaries harmless from and against any and all claims, costs, damages, losses, liabilities and expenses (including reasonable attorneys' fees and court costs) and from any causes of action, existing or which may hereinafter accrue, that I, my spouse, heirs, executors, administrators, successors, legal representatives, agents and assigns may or could bring on my or their own behalf as a result of the services or activities provided by Titanium Fitness, LLC, or from any matter arising from or as a natural extension of this Agreement or those services or activities, including cancellation thereof, regardless of negligence, fault, culpability or notice of, to or by Titanium Fitness, LLC.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Indemnity Agreement. If I disagree with any of the terms in this Release, I will not participate in training, boot camps, or in any programs associated therewith.

**Member Name**

**Date**

**Signature**

**Please print, sign, and bring completed form with you to your first camp.**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
5:30 AM	5:30 AM	5:30 AM	5:30 AM	5:30 AM	7:00 AM
8:00 AM	9:00 AM	8:00 AM	9:00 AM	8:00 AM	8:00 AM
12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	9:30 AM
5:30 PM	4:00 PM	5:30 PM	4:00 PM	5:30 PM	
6:45 PM	5:30 PM	6:45 PM	5:30 PM		

**Contact Us**

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