



JUST MOVE IT

It's up to you!

Reduce your Risk of Diabetes

What?

Cardio Kickboxing January 12th – February 16th

Mix up your routine with the balance, coordination and strength building moves of boxing or kick boxing while burning 300-600 calories. These classes are a great full body workout.

Zumba February 23rd – March 30th

Zumba fuses Latin dance rhythms with easy to follow dance moves. The result of this fusion is a fun workout that feels more like a night out dancing than a "work" out in your health club.

When?

Every Wednesday, 5:30- 6:30pm
Beginning January 12, 2011

Where?

Shingle Springs Tribal TANF
2030 J Street, Sacramento, CA 95811

Who?

Sacramento Native American Community Members.
All fitness levels are welcome! Come and watch if you want to find out more!

How do I sign up?

Fill out the attached forms and turn them into Cathy Carmichael, RD @ SNAHC by January 5th.

Questions: 341-0575 ext. 227
cathyc@snahc.org





Participant Registration Form

Name: _____

Street Address: _____ City: _____ Zip Code: _____

Email: _____ Phone Number _____

Race/Ethnicity/Tribe _____

Emergency Contact Name and Phone: _____

I rate my current fitness level as a _____ (1-10) ten being high.

I currently work-out _____ times a week. I do the following for exercise:

Medical History

Age: _____ Current Height: _____ Current Weight: _____

Are you currently taking any medications or drugs? If so, please list:

Do you now or have you ever in the past experienced any of the following:

- | | |
|--|---|
| <input type="checkbox"/> History of heart problems, chest pain or stroke | <input type="checkbox"/> Low blood sugar/hypoglycemia |
| <input type="checkbox"/> Increased blood pressure | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Any chronic illness or condition | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Recent surgery (last 12 months) | <input type="checkbox"/> Bursitis |
| <input type="checkbox"/> Recent pregnancy or miscarriage | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> History of breathing or lung problems | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Muscle, joint or back disorder or other injury | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Chronic back or knee pain | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Diabetes or thyroid condition | <input type="checkbox"/> Severe neck injury |
| <input type="checkbox"/> Cigarette smoking habit | <input type="checkbox"/> Broken bone or fracture |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Injuries to the back |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hernia or any other condition aggravated by lifting | <input type="checkbox"/> Insomnia |

Comments: _____

BUSY PEOPLE FITNESS BOOT CAMPS

READ THIS CAREFULLY – IT AFFECTS YOUR RIGHTS

EXPRESS ASSUMPTION OF RISK, WAIVER OF LIABILITY, AGREEMENT NOT TO SUE AND INDEMNITY AGREEMENT

In consideration of being permitted to enroll and participate in a fitness boot camp program operated by Busy People Fitness (hereinafter “BPF”) or to use any property, equipment, facilities or services associated with such program, THE UNDERSIGNED for himself/herself, his/her personal representatives, assigns, heirs and next of kin affirms as follows:

1. **I AFFIRM** that I am 18 years of age or older, and am in good physical condition appropriate for participation in such a training program and do not suffer from any disability that would prevent or otherwise limit my participation in a physical fitness program that might include but is not limited to aerobic conditioning, strength training, flexibility training, boxing/kick-boxing, running, circuit training or related activities. I have either undergone a physical examination by a licensed medical professional who has approved my participation in this program, or hereby waive my right to consult with a medical professional prior to commencing participation in the program.

Initial: _____

2. **I RELEASE, WAIVE AND DISCHARGE BPF**, its owners, officers, directors, employees, agents and legal representatives from any and all liability to the UNDERSIGNED, his/or personal representatives, assigns, heirs and next-of-kin on account of, arising out of or in connection with any and all injuries, losses or damages, and any claims or demands for any injuries, losses or damage to the person or property of THE UNDERSIGNED or resulting in the death of THE UNDERSIGNED, whether or not caused by the negligence or fault, passive negligence or fault, or sole negligence or fault of BPF, its officers, directors, employees, agents and legal representatives, while THE UNDERSIGNED is participating in any way in the fitness boot camp program operated by BPF or using any property, equipment, facilities or services associated with such program. **Initial:** _____

3. **I AGREE NOT TO SUE BPF**, its owners, officers, directors, employees, agents and legal representatives, on account of, arising out of or in connection with any and all injuries, losses or damages, and any claims or demands for any injuries, losses or damage to the person or property of THE UNDERSIGNED or resulting in the death of THE UNDERSIGNED, whether or not caused by the negligence or fault, passive negligence or fault, or sole negligence or fault of BPF, its officers, directors, employees, agents and legal representatives, while THE UNDERSIGNED is participating in any way in the fitness boot camp program operated by BPF or using any property, equipment, facilities or services associated with such program. **Initial:** _____

4. **I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS BPF**, its owners, officers, directors, employees, agents and legal representatives, from any loss, liability, damage or cost the incur, or on any claim or lawsuit filed against them, on account of, arising out of or in connection with THE UNDERSIGNED’s participation in any way in the fitness boot camp program operated by BPF or use of any property, equipment, facilities or services associated with such program, whether or not caused by the negligence or fault, passive negligence or fault, or sole negligence or fault of BPF, its officers, directors, employees, agents and legal representatives, while THE UNDERSIGNED is participating in any way in the fitness boot camp program operated by BPF or using any property, equipment, facilities or services associated with such program. **Initial:** _____

5. **I ASSUME ANY AND ALL RISKS OF INJURY, DEATH, LOSS OR DAMAGE** to the person of THE UNDERSIGNED, whether or not caused by the negligence or fault, passive negligence or fault, or sole negligence or fault of BPF, its officers, directors, employees, agents and legal representatives, while THE UNDERSIGNED is participating in any way in the fitness boot camp program operated by BPF or using any property, equipment, facilities or services associated with such program. **Initial:** _____

6. **THE UNDERSIGNED**, for himself/herself, his/her personal representatives, assigns, heirs and next-of-kin, further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall remain in full force and effect. **Initial:** _____

7. **THE UNDERSIGNED**, for himself/herself, his/her personal representatives, assigns, heirs and next-of-kin, has read and understands this agreement and verifies this statement by placing his/her initials under the paragraph and each of the above-numbered paragraphs. THE UNDERSIGNED, for himself/herself, his/her personal representatives, assigns, heirs and next-of-kin, voluntarily signs this agreement and further agrees that no oral representations, statements or inducements apart from those expressed in this agreement have been made. **Initial:** _____

I am aware that fitness boot camp training and physical exercise is a potentially hazardous activity. I am voluntarily participating in these activities with knowledge of the dangers involved and hereby agree to accept and assume any and all risks of personal injury or death as a result, and verify this statement and the above statements by signing and dating below:

NAME OF PARTICIPANT

____/____/____
Date of Birth

____/____/____ **SIGNATURE**



Busy People Fitness -Waiver of Liability

I, _____ (full name), the undersigned, have enrolled in a fitness boot camp of strenuous physical activity, which may include, but is not limited to, aerobic conditioning, strength training, flexibility training, kick boxing, running and circuit training offered by Busy People Fitness and their trainers. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in any physical fitness program. I acknowledge that I have either had a physical examination and been given my physician's permission to participate or that I have decided to participate in activity and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment in my activities.

The undersigned hereby acknowledge that it has been explained to me and/or agree to the following:

Acknowledges that the trainers of Busy People Fitness are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.

Acknowledges that the undersigned has been told if they feel tired, feel pain, or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.

In consideration of my participation in these fitness boot camp exercise sessions, the undersigned, for myself, my heirs and assigns, hereby expressly waive, release, discharge and agree not to sue Busy People Fitness and their trainers from any liability of death, disability, personal injury (including but not limited to heart attacks, muscle strains, pulls or tears, shin splints, knee, back or foot injuries, however caused, occurring during or after participation in a fitness boot camp) or action of any kind now or in the future.

Initial the following:

____ I understand that photos or video may be taken during the course of my involvement in Boot Camp, which may be used for promotional purposes.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

Name: _____ Signature: _____ Date: _____