

D.R.I.L.L.
OUTDOOR TEAM BOOTCAMP TRAINING

REGISTRATION FORM

Name:

MOBILE: () _____

Email:

Person to contact in emergency: Name: _____ **Ph:** _____

START BLOCK: _____ **VENUE:** _____ **TIME:** _____

Option: Please *tick* your payment option.

Newbie deal \$99.00 for 5 weeks

Voucher #

Bank Account name:

G A SHAW

Account number:

38-9005-0172937-03

***If a promotion or special please attach voucher to form or write number on payment option.**

***Payment must be made before commencement of first session.**

Please note:

Sessions will be held regardless of bad weather, please dress to suit the conditions.

Waiver of Liability (Due to D.R.I.L.L. being a high intensity training programme please sign below.)

I hereby confirm that I do not know of any medical reason why I should not participate in D.R.I.L.L and that the employees of Outdoor Fitness NZ Ltd will not be held responsible in any way for any injury or medical problem during or after the sessions detailed above.

Name

Signature

____/____/____

Date