NEXT LEVEL FITNESS AGREEMENT AND LIABILITY WAIVER In-Gym Training

Client Nam	2:	Referred By:	
Address:		City:	State:
Zip Code: _	Cell:	Home:	Work:
Age:	Date of Birth:/	/ Email:	
\$49 per Ses	sion 2, 3 or 4 Sessions per		or \$767 or \$1022 per month nonths = \$424 or \$637 or \$849 per month months = \$338 or \$507 or \$676 per month
Date of firs	t auto debit:	(Each payment will be debited	approximately the same time each month.)
shown a	bove. Any and all changes s will automatically go to a	to contract must be in writing and sign month to month basis after the full term	payments according to the payment schedule ned by the client and applicable trainer. The n of the contract unless client gives notice of X at least 14 days from the next debit date
shall be all injur Trainer, liable fo includin his/her s loss cau: AUTOM authoriz	undertaken by the Client at es/damage(s) as a result of Next Level Fitness, or any rany injuries or damage to g but not limited to those uccessors or assigns. The Coded by Client for which Transaction of Trainer to charge	this or her sole risk. The Client underst his/her own negligence, the negligence one else, due to the nature of the activity. Client or guest, nor be subject to any claumages resulting from acts of active of client agrees to indemnify and hold New iner is accused of held liable, including HORIZATION: I,	the Client hereby coress credit card or bank account
on my a	ecount. ELLATION POLICY: Cli	ent must give notice of cancellation by	expiration date, any, the Client, further authorize my the method(s) indicated above and to post it Email: Your Email and by telephone: XXX-6 or 12 month contracts are cancelled before
it's expi	ration date, the amount of th for every month trained Pre pay contracts are r	the difference between the cost of the r is due immediately. This amount would conrefundable.	nonth to month and the current contract cost I equal for every month trained.
no med participa physicia participa licensed	ment of Health: I, _cal problem (except thos tion in a regular weight an prior to commencement te in such strenuous active physician.	e noted herein) that would increase and/or cardio training program. I under of my weight and/or cardio training ities. Furthermore, I understand my training	, the Client, hereby certify that I know of my risk of illness or injury as a result of stand that I have been advised to consult a program to ensure my state of wellness to ainer does not hold him/herself out to be a cardiovascular training and similar physical
activitie participa hereby a RELEA Training represen Facility, caused, my parti Training represen and/or o participa	s can potentially be a har ints. The Client is voluntaring grees to accepts any and al SE: As consideration for Facilities, I, the Client tative(s) will not make a or its employee(s) or ow by any employee, agent, of cipation in a weight and/or Facility from all actions, tative(s) now have or may cardio training program. It iting in my assigned worked	zardous activity and may pose potentially participating in these activities with the larisks of injury or death, and verifies subbeing permitted by Trainer to participate, hereby agree that I, my assignee claim against, sue, or attach the proponer, for injury or damage resulting from assistant of Next Level Fitness or any cardio training program. I, the Client, he claims, or demands that I, my assign the reafter have for injury or damage, the Client, understand that I am per	ally serious risks of injuries/death to their the knowledge of the danger(s) involved, and
I unders	and that Next Level Fitnes	s may assign me a new trainer at any tin	ne.
	DO NOT SIGN	THIS CONTRACT UNTIL YOU HAV	VE READ ALL OF IT.

I certify that I have fully read and understand the terms of this Agreement and will comply with the contents herein.

Date:

Client Signature: