



(Your Company Here) Liability Form
Please fill out COMPLETELY and PRINT CLEARLY.

Get half off next month for referring a friend!

First Name _____ Last Name _____

Phone (____) _____ I was referred by _____

Address _____ City _____ State _____ Zip _____

Email _____ Age _____ Date of Birth: ____ / ____ / ____

How Did You Hear About Us: (please be specific): _____

Please list any injuries or health conditions that you are aware of?

What are you most frustrated with when it comes to getting in shape?

What is your biggest obstacle/s when it comes to getting in shape?

Why did you decide to come to (Your Company Here) today and not last week, or last month?

What are the main benefits that you would like to achieve with (Your Company Here)? (Be specific)

(Your Company Here) MEMBER / PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF (Your Company Here), OR IT'S EMPLOYEES, CONTRACTORS, OFFICERS, OR OWNER/S... PARTICIPANT ACKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVES THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER PARTICIPANT PARTICIPATION IN THE PHYSICAL ACTIVITIES. MEMBER FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT AR NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A MEMBER, SLIP AND FALL BY MEMBER, OR AN UNKNOWN HEALTH PROBLEM OF MEMBER. MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES, MEMBER AFFIRMS THAT MEMBER IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. MEMBER ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND MEMBER AGREES THAT IT IS THE RESPONSIBILITY OF MEMBER TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE, REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF PARTICIPANT TO TAKE PART IN ACTIVITIES. BY SIGNING AT THE BOTTOM OF THIS PAGE, MEMBER/PARTICIPANT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS. PARTICIPANT UNDERSTANDS PHOTOS OR VIDEO MAY BE TAKEN DURING THE COURSE OF MY INVOLVEMENT IN BOOT CAMP, WHICH MAY BE USED FOR PROMOTIONAL PURPOSES

Member Signature _____

Date ____ / ____ / ____

30 DAY 100% UNCONDITIONAL MONEY BACK GUARANTEE – (Your company name) takes your satisfaction seriously. If for any reason you are not completely satisfied within the first 30 days, I will give you a full refund, no hassles, no hard feelings, no worries

- \$1885 Pre-Pay one year (Save \$30 per month)**
- \$197 Per Month – month-to-month (Unlimited sessions)**

(Your City Here) - At (Name of facility and address HERE) (M-F 5:30am, M-F 9am, Sat 8am)

(If you already signed up on-line then please write "online" below)

AUTOMATIC PAYMENT AUTHORIZATION: I, the (Your Company Here) member, hereby authorize (Your Company Here) to charge to my credit card or debit card

_____ Expiration Date ____ / ____ / ____

Card Type: AMEX DISCOVER MASTERCARD VISA

any and all payments due to (Your Company Here) as indicated above. I, the (Your Company Here) member, further authorize my credit card company or bank to make payment(s) to (Your Company Here). by the method(s) indicated above and to post it on my account.

FOR BILLING QUESTIONS: please email (YOUR EMAIL HERE) or call (Your support number here)

Automatic month-to-month: This is a month-to-month program is considered active and ongoing until canceled as described in the Cancellation policy.. **CANCELLATION POLICY:** (Your Company Here) member must give notice of cancellation by Email to (your email here) at least 5 business days from the above stated debit date. (Please note... Even if you notify your instructor, you still are required to send and email to (your email here). Save a record of this email to serve as your cancellation receipt. 30-day money back guarantee is contingent upon receiving an email of cancelation to (your email here) within the first 30 days of signing this agreement. I certify that I have fully read and understand the terms of this Agreement and will comply with the contents herein. Prepay memberships are non-refundable after the 30 day money back guarantee period expires.

Member Signature _____

Date ____ / ____ / ____

