

21 Day Rapid Fat Loss Bootcamp

Yes, I would definitely like to upgrade to an additional 7 days of bootcamp by agreeing to stay on board the month-to-month bootcamp program, as long as I'm completely satisfied with my results.

I understand that after the 28 days of Rapid Fat Loss Boot Camp are over, I will be debited \$97 a month, each month, for as long as I wish to have unlimited access to Fit Body Boot Camp.

I also understand, that if at anytime during the 28 Day Rapid Fat Loss Program, I decide that I do not want to continue on a month-to-month basis, I can cancel by sending an email to fitbodybootcamp@aol.com with no hassles or hard feelings.

Bill me \$47 for 28 days of Rapid Fat Loss Boot Camp, then after 28 days, bill me \$97 a month to stay onboard.

Bill me \$47 for 21 days of Rapid Fat Loss Boot Camp (no upgrade)

Credit card number _____

CVC 3 digit code _____

Credit card type _____

Expiration Date _____

Name on card _____

Signature _____

Date _____

First Name _____ Last Name _____

Date ___ / ___ / ___ (Cell) Phone Number _____

Email _____

D.O.B. _____ Day _____ Year _____ Location of boot camp _____

Laibility waiver release/Photo-video release

MEMBER / PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF **Fit-Werks Personal Training**, 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, / 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, WHICH MAY BE USED FOR PROMOTIONAL PURPOSES.

DATE? _____ / _____ / _____

SIGNATURE _____

