

Fit-Werks 28 day Flat Belly Formula Agreement

Yes, I would definitely like to take advantage of this awesome opportunity for just one single payment of \$97. I understand and am very excited that by making this one-time payment, I am getting Fit-Werks 28 Day Flat Belly Formula program.

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 _____

Address _____

D.O.B. _____ Day _____ Year _____ Email Address _____

Yes, I am ready for 28 days of personal training in exchange for giving my best effort to flat belly in 28 days.

28 Day Flat Belly Formula Terms and Conditions

1. You promise to have a **positive attitude and work your butt** off each workout!
2. You agree to attend a minimum of 3 training sessions a week/ also attending 2 boot camps will maximize results.
3. You agree to follow the meal plan throughout the training program

Starting Statistics: Weight ___/___ Height ___/___ Age _____ BF% ___/___
Waist ___/___ Chest ___/___ Hips ___/___ Arms ___/___

I promise to abide by the 28 day terms and conditions (Initial here) _____

Liability 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 ARE 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 _____