

BALANCED-BODY BOOT CAMP AGREEMENT
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: ____ / ____ / ____

BALANCED-BODY BOOT CAMP MEMBER / PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF BALANCED-BODY BOOT CAMP, 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 ____ / ____ / ____

- \$1764 Pre-Pay one year (Save \$50 per month)
- \$247 Per Month – *Unlimited Training* month-to-month
- \$197 Per Month – *Standard* month-to-month
- \$167 Per Month – *Standard* one year draft

Mauldin - At Let's Dance 211 E. Butler Road Mauldin, SC 29662 (MWF 5-9 am, TTS 5-9 am, Sat 8 & 9 am)

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

AUTOMATIC PAYMENT AUTHORIZATION: I, the Balanced-Body Boot Camp member, hereby authorize Balanced-Body Boot Camp to charge to my credit card or debit card

_____ Expiration Date ____ / ____ / ____

Card Type: AMEX DISCOVER MASTERCARD VISA

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

FOR BILLING QUESTIONS: please email GetFit@JasonsHealth.com or call 864-430-3908

Automatic month-to-month: This is a month-to-month program and is considered active and ongoing until canceled as described in the Cancellation policy.. CANCELLATION POLICY: Balanced-Body Boot Camp member must give notice of cancellation by Email to getfit@jasonshealth.com 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 an email to getfit@jasonshealth.com. Save a record of this email to serve as your cancellation receipt. 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 30 days after payment is made.

Member Signature _____

Date ____ / ____ / ____