



FITNESS & WELLNESS GROUP

EveryBodyFIT Program Registration

Contact Information

Name: _____ D.O.B.: _____ Age: _____
(First) (M.I.) (Last)

Street Address: _____ City: _____ State: _____

Zip: _____ Cell Ph: () _____ Home Ph: () _____

Other Ph: () _____ Email: _____

In Case of Emergency, Contact: Name: _____ Phone: () _____

Relationship: _____

Refund Policy

EBF programs (“program” defined as any boot camp, fitness coaching session, group training, or otherwise service or class instructed by EveryBodyFIT employees) are pre-paid, considered rendered services, and will not be refundable unless under extreme circumstances. EVERYBODYFIT will offer make-up classes and PT sessions if you notify your instructor or coach in advance (48 hours before a class, 24 hours before a F.C. session) but may not always be able to do so. Boot Camp participants can only make up classes during the same six week session they have missed the given class. If a program participant cannot finish the session due to health issues, they are eligible for a refund, based on the approval from Fitness Director, Dave Reddy, for the remainder of the sessions purchased.

Expiration Policy

Boot camp classes expire at the completion of the purchased six week session, FC sessions expire after 6 months.

Late, Absent and Cancellation Policy

I, _____, have read and agree to the EBF Programs Refund, Expiration, and Cancellation Policies. This includes tardiness, absences, and cancellations not indicated 48 hours in advance. While EVERYBODYFIT makes every effort to reschedule or offer other “make up” class, if notified 48 hours in advance, I am still responsible for the charges associated with a rescheduled or missed session.

Commitment Statement

(Below are the obligations you are assuming by beginning an EBF program. It is critical you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.)

I, _____, have volunteered to participate in a fitness program. In consideration of the EBF team’s agreement to instruct, consult, and train me, I do realize that a portion of my success will be based on my commitment to follow this guidance along with my attitude towards the program. Unfortunately EBF cannot guarantee results, but my willingness to work hard will drastically improve the experience and outcome of the program.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM AND UNDERSTAND THAT IT IS A CONTRACT OF PAYMENT AND COMMITMENT FOR THE PROGRAM SCHEDULED WHETHER OR NOT IT IS RENDERED DUE TO MY ACTIONS. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST ANY EVERYBODYFIT EMPLOYEE OR CONTRACTOR.

(Please Print Name)

(Participant’s Signature)

(Date)

EveryBodyFIT Program Registration continued.

Assumption of Risk & Waiver of Liability

This Agreement must be completed in order to participate in any *EVERYBODYFIT* Program.

Participant (print full name): _____

Under 18 Participant : _____

Guardian/Parent of Under 18 Participant: _____

I, the undersigned, am either the Participant named above or the parent and/or legal guardian (“Guardian/Parent”) of the minor Participant named above. By signing this form, I acknowledge that:

1. Any program of physical activity and/or exercise involves a risk of injury.
2. I (and/or the under 18 Participant) have recently been examined by a medical doctor and have been cleared to undertake a program of exercise.
3. For and in consideration of participating in an *EVERYBODYFIT* program participant agrees that:
 - Any exercise program shall be undertaken by participant at his or her sole risk
 - *EVERYBODYFIT* Fitness & Wellness Group shall not be liable to program participant, nor any other person for any claims or causes of action whatsoever arising out of or connected with the services of this program or particular trainer
 - Participant hereby releases and discharges *EVERYBODYFIT* Fitness & Wellness Group from any such claims or actions

PARTICIPANT OR GUARDIAN OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGNS IT OF HIS OR HER OWN FREE WILL.

(Signature of Participant)

(Date)

____ I am signing this Agreement on behalf of a minor Participant (under 18). I acknowledge that I am the Guardian / Parent of the Participant and that I understand the terms of this Agreement.

(Signature of Legal Guardian of Participant)

(Date)



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#314-882-5594
www.everybodyfit.net