

Bio~Balance HIIT Camp Membership Form



The Bio~Balance HIIT Camp is only \$99 per month for 6 months OR a onetime payment of \$504 for 6-month membership- **\$90 in savings!**

**The BB HIIT Camp takes place @ LHS Harmon Campus in Lewisville
Monday – Tuesday – Thursday @ 5:30 am**

Registration date: ____/____/____

First Name _____

Last Name _____

(Cell) Phone Number _____

Address: _____ City _____ St _____ Zip _____

Email _____

D.O.B. ____/____/____ Sex: M / F Height _____ Weight _____ Age _____

** Referral coupons are \$10. Bring a friend to join with you and get \$10 off your membership fee.*

We love and appreciate your referrals:

1. _____
2. _____
3. _____

How did you hear about Bio~Balance?

- Internet
- Advertisement
- Friend, who? _____
- Email
- Other

Form of payment: _____ Cash _____ Credit Card

Your CC will be billed each month on the same day via authorize.net.

CC # _____--____--____--____ Exp Date: ____/____ cvc: _____

Even if you paid online, please list your CC information for the remaining months of your membership. Thank you!

The goals I want to achieve are:

- 1.
- 2.
- 3.

To reach these goals, I agree to:

___ I will be accountable and attend the workouts I have signed up for each week in addition to the assigned workouts on my own time as instructed by Trainer.

___ I will Journal the foods I eat and eat according to the guidelines issued by the Trainer.

___ I will do the homework assigned by the Trainer.

___ I will work to do my very best every day! :)

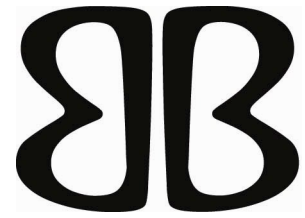
Physician's name _____ phone _____

Person to contact in case of an emergency:

Name _____ Relationship _____ phone _____

Do you know or have you had in the past:	yes	no
1. History of heart problems, chest pains or stroke	___	___
2. Increased Blood Pressure	___	___
3. Any chronic illness or condition (ex asthma, allergies, Autoimmune conditions, arthritis, etc...)	___	___
4. Difficulty with physical exercise	___	___
5. Advice from a physician not to exercise	___	___
6. Recent Surgery (last 12 months)	___	___
7. Pregnancy (now or in last 3 months)	___	___
8. History of breathing or lung problems	___	___
9. Muscle, joint, or back disorder, or any previous injury still affecting you.	___	___
10. Diabetes or thyroid condition	___	___
11. Cigarette smoking habit	___	___
12. Obesity (more than 20% over ideal body weight)	___	___
13. Increased blood cholesterol level	___	___
14. Family history of heart problems	___	___
15. Hernia, or any condition that may be aggravated by activity or weight lifting	___	___

*Please explain any "yes" answers:



Are you taking any medications or drugs? Please specify:

Does your physician know you are participating in an exercise program? Y / N

Describe your current exercise program:

Please explain the goal you want most to achieve?

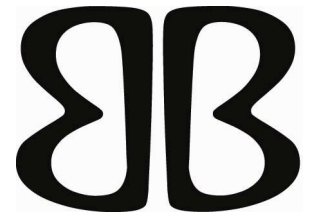
Liability and Photo Waiver

IT IS UNDERSTOOD AND AGREED that there shall be no refund, partial or in full, for personal training or boot camp sessions used or unused after the first week of membership and payment has been made. Your financial commitment plays a large role in your long-term success. If there is an illness, you may credit any unused classes towards future classes when you get a written excuse from your doctor. Small Group Training: The classes are scheduled at a set time. If you cannot make it to class one day, you are welcome to attend one of the makeup classes OR a boot camp class at one of my other locations. For All Programs, IT IS UNDERSTOOD AND AGREED that there will be an early termination fee of no less than \$200 OR that equal to your monthly billing fee for breaking the commitment made in this contract. At the end of your commitment time, you may renew your membership at no additional cost.

I, _____ declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of the exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my

participation and activities, and utilization of equipment and machinery in my activities.

Photo Release: understand that photography and/or video may be taken of me while participating in Boot Camp or training classes. I agree to allow **Ashly Torian** and **Bio~Balance** to use any pictures taken of me (excluding my before and after picture, unless I give written permission) for promotional purposes. I understand that the photos will be permanent property of **Bio~Balance**.



Release from Liability and Negligence. I, the undersigned, do hereby release **Ashly's Bio~Balance**, Ashly Torian and any staff instructors from any and all claims of liability and negligence in the event that I am injured while participating in exercise class. The staff requests that each student consults his/her physician with respect to any past illness, injury, cardiovascular problem, knee problem, or any other condition that may affect his/her ability to endure the exercise program. I acknowledge that I have read and do understand the above: and I knowingly execute this release from liability and negligence.

Signature: _____ DATE: __/__/__

*I understand this is to serve as my legal signature. _____ (please initial)