

Body Creations, Inc.

244 Kyser Blvd. #507

Madison, AL 35758

256-658-4609

SUMMER TRAINING CAMP AGREEMENT

Last, First Name _____ M__ F__ SSN _____ Age _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Other _____
Emergency Contact _____
Email address: _____

Dates: June 23, 2014 – August 1, 2014 (6 weeks)

All classes run 3 days per week on Monday, Wednesday, and Friday from **10:15 AM – 11:30 AM**
(Week of July 4th will be Monday and Wednesday ONLY)

Cost:

- 1 Week: \$200 per week
- 2 Weeks: \$75 per week
- 3 Weeks: \$60 per week
- 4-6 Weeks: \$45 per week

I agree to and understand the following terms/payment schedule: One time fee of \$ _____
for _____ weeks.

Payment Method: Cash/Check Credit Card: VISA, MC, DISCOVER, AMEX (Circle one)
OTHER: _____
Card # _____ Expiration Date _____
Name on Card _____
Billing Address _____

If paying by check send payment to:

Attn: Andy McCloy
244 Kyser blvd Apt 507
Madison, AL 35758

Authorization to Process Credit Card Payment

SIGNATURE _____ DATE _____

WAIVER AND RELEASE OF ALL CLAIMS: The CLIENT acknowledges that any fitness program involves a risk of injury. The CLIENT represents to the TRAINER and BODY CREATIONS, INC. that he/she has been recently examined by a medical doctor and has been found able to undertake an exercise program by said medical doctor. The CLIENT acknowledges and agrees that any exercise program undertaken by CLIENT as a result of the Training

Services Agreement this Waiver and Release of All Claims is being made part of, is undertaken by CLIENT AS HIS/HER SOLE RISK. THE client further acknowledges and agrees that the TRAINER and BODY CREATIONS, INC. is not liable to CLIENT, nor to his/her heirs, personal and legal representatives, successors, and assigns, for any claims or causes of action whatsoever arising out of or connected with the services of TRAINER and BODY CREATIONS, INC., and that the CLIENT hereby releases and discharges TRAINER and BODY CREATIONS, INC. from any such claims or actions.

LIABILITY: The training performed under this Agreement will be performed entirely at the CLIENT'S risk and the CLIENT agrees to indemnify the TRAINER and BODY CREATIONS, INC. and holds harmless from any and all liability or loss arising in any way out of the performance of this agreement. Client will sign the Waiver and Release of all Claims incorporated into this Agreement by reference.

This Agreement represents the entire understanding by and between the parties. No change or modification hereof shall be valid or binding unless the same is in writing and subscribed by both parties. No waiver of any provision of this Agreement shall be valid unless the same is in writing and subscribed by both parties. No duly subscribed waiver of any provision of this Agreement at any time shall be deemed a waiver of any other provision of this Agreement. This Agreement shall be binding on the subscribing parties and shall take effect to the benefit of the CLIENT and BODY CREATIONS, INC., and their respective heirs, personal and legal representatives, successors, and assigns. This Agreement shall be governed by the laws of the State of Alabama.

Done this the _____ day of _____, 2014.

CLIENT SIGNATURE _____ WITNESS _____

PRINT NAME _____ PRINT NAME _____