

ONE TIME SETUP/REGISTRATION FEE OF \$55



PAC FITNESS BOOTCAMP

Registration Form

Liability Waiver

- \$65 a month unlimited with a onetime upfront payment \$780 for the whole year
- \$75 a month 6sessions a week 12month contractual commitment
- \$85 a month 5sessions a week 9month contractual commitment
- \$95 a month 4sessions a week 6month contractual commitment
- \$105 a month 3sessions a week 3month contractual commitment

First Name: _____ Last Name: _____ Age: _____ DOB: __/__/__

Mailing Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Employer: _____ Occupation: _____

Referred By: _____ Physician Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Risk Factors - (If you answer yes to any —please talk with your doctor about becoming physically active)

1. Has your doctor ever said you have a heart condition and should only do activity recommended by a doctor? YES _____ NO _____

2. Do you feel pain in your chest when you perform physical activity? YES _____ NO _____

3. In the past month, have you had chest pain when you were not doing physical activity? YES _____ NO _____

4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES _____ NO _____

5. Do you suffer from shortness of breath at mild exertion or have difficulty breathing? YES _____ NO _____

6. Do you have bone or joint problem that could be made worse by a change in physical activity? YES _____ NO _____

7. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES _____ NO _____

8. Do you know of any other reason why you should not do physical activity? YES _____ NO _____

9. Are you above 40 years of age and not currently physically active? YES _____ NO _____

Please list any injuries or health conditions that you are aware of?

What is your biggest obstacle/s when it comes to getting in shape?

What are the main goals that you would like to achieve with Precision Athletic Corps Training? (Be specific)

PAC – Liability Waiver and Service Agreement

I, _____ (hereinafter referred to as “Client”) on _____ (Date) enter into this Agreement by and between Precision Athletic Corps, which will be providing services through sole proprietors (hereinafter referred to as “Trainer”). Trainer may conduct Client’s Personal Training services at a park, school, fitness center, or in Client’s home, office or other location (herein “Studio”, “Home”, “Office”, or “Location”, or referred to collectively as “Location”, with said Training services to be provided pursuant to an agreed upon fee schedule, and Trainer agrees to provide said training sessions subject to Client’s agreement to the following terms and conditions.

ASSUMPTION OF RISK: I am aware that all activities associated with receiving personal training instruction from Trainer including, but not limited to activities involving aerobic exercise, stretching exercise, running and weight lifting, as well as additional strenuous exercise and/or exertion of strength, and other sustained physical activities which place stress on the cardiorespiratory and muscular systems (collectively referred to as “Training”), are and can be hazardous activities that include certain risks and dangers, including but not limited to, catastrophic injuries, including paralysis, other serious injury and death. I VOLUNTARILY ACCEPT FULL RESPONSIBILITY OF ALL RISKS INVOLVED, INCLUDING RISKS FROM PARTICIPATING IN ANY WAY IN THE TRAINING, USE OF EQUIPMENT PROVIDED BY THE TRAINER OR USE OF EQUIPMENT I PROVIDE, WHETHER THE TRAINING OCCURS AT THE STUDIO, PARK, MY HOME OR AT ANY OTHER LOCATION.

WAIVER: In consideration of my participation in the Training provided by Trainer I, myself, my heirs, executors, administrators or assigns, do hereby release, waive, discharge and covenant not to sue Trainer and/or its members, managers, officers, directors, agents, and affiliated entities (Hereinafter referred to as “Releasees”) from liability, from any and all claims, including the negligence of Trainer resulting in personal injury, accident or illnesses (Including Death) and property loss arising from, but not limited to, participation in the Training and use of facilities, premises or equipment wherever located and by whomever provided. In further consideration for the right to use equipment provided by Trainer or equipment at another location, I acknowledge and agree that Trainer has not inspected the equipment at the Location or the suitability for the training. I expressly release, hold harmless, discharge and indemnify (Including costs and attorney’s fees) Trainer and Releasees for any loss, injury or damage (including Death) from any cause, including negligence arising out of any Location, and/ or arising out of the use of my equipment or equipment provided by Trainer.

SEVERABILITY AND JURISDICTION: I further expressly agree that the foregoing provisions in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Georgia and if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further acknowledge and agree that this agreement shall be governed by and shall be construed in accordance with the laws of the State of Georgia. Any claims or legal actions by one party against the other shall be commenced and maintained in the state courts of the State of Georgia and the parties hereby submit to the jurisdiction and venue of any such court in Fulton County.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to INDEMNIFY AND HOLD Trainer and all Releasees harmless of any and all claims, actions, suits, procedures, costs, expenses, duties and liabilities, including attorney’s fees brought as a result of my Training with Trainer and to reimburse Trainer for any such expenses incurred.

ARBITRATION: Any controversies or disputes arising out of or connected to the enforcement or interpretation of this Agreement shall be decided by final and binding arbitration before a single arbitrator pursuant to the governing rules of the Georgia Arbitration Act. The arbitrator’s cost and fees shall be paid equally by the parties. The prevailing party in such arbitration shall be entitled to recover all reasonable attorneys’ fees and costs incurred, as awarded by the Arbitrator. The venue for the arbitration shall lie in Fulton County, Georgia unless otherwise agreed by the parties. Any arbitration award may be enforced by judgment entered in the Superior Court of the State of Georgia for Fulton County

Initial _____ PHYSICIAN APPROVAL: I have represented to Trainer that I have either a) been given a physician’s permission to participate in the Training, or b) voluntarily participate in the Training and accept all risks related to the Training without the approval of my physician(s). I represent that I am not aware of any medical or physical condition that would prevent me from participating in the Training or from using equipment or facilities which pose a serious health risk to me. I further acknowledge and agree that I am not obligated to participate in any Training that I do not wish to participate in. I will inform Trainer immediately if I do not wish to participate in any specific Training.

Initial _____ NAME AND LIKENESS RELEASE: I understand that Trainer, may photograph or video me prior to, during the delivery of Training, or at the completion of Training and I agree to allow Trainer to use photographs and videos of me, as well as, name and likeness for promotional purposes.

Initial _____ MISSED SESSIONS: Missed sessions can only be made up if agreed upon by both parties in advance. Typically each 4 week session has 12 training sessions (3 days/week) and end on specific days unless agreed upon before the program begins.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read the Assumption of Risk, Waiver of Liability, provisions in this Agreement and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the Agreement freely and voluntarily and intend, by my signature that this document be a complete and unconditional release of liability to the greatest extent of the law. I further certify that I have fully read and understand the terms of this agreement and will comply with the contents herein.

Client Name (Please Print)

Client Signature

Date

Social Media Information:

Instagram _____

Facebook _____

Twitter _____

Personal Wellness Evaluation

Name: _____ Date: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Email: _____ Phone: _____

What are Your Current Health Goals? _____

What actions are you taking to reach those Goals? _____

What Results have you gotten so far? How long did that take? _____

What do you eat on a typical day?

	Daily Cost
Breakfast: _____	\$ _____
Lunch: _____	\$ _____
Dinner: _____	\$ _____
Snacks: _____	\$ _____
Drinks: _____	\$ _____
Total Per Day	\$ _____
	_____ X 30
Total Per Mo	\$ _____

Are you Interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Gaining Muscle | <input type="checkbox"/> Increasing Natural Energy |
| <input type="checkbox"/> Athletic Performance | <input type="checkbox"/> Digestive Health | <input type="checkbox"/> Heart Health |
| <input type="checkbox"/> Improved Sleeping | <input type="checkbox"/> Reducing Body Fat% | <input type="checkbox"/> Skin & Hair Health |
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> Men's Health | <input type="checkbox"/> Children's Health |
| <input type="checkbox"/> Other: _____ | | |

Wellness Results (Use Lean Protein Estimator):

BMI _____ Daily Protein _____ Calories Burned at Rest _____

Program Recommendation: _____ Cost Per Meal \$ _____ Cost Per Mo \$ _____

CREATE A HEALTHY ACTION PLAN - YOUR FITNESS MISSION STATEMENT

PUTTING HEALTHY BEHAVIORS INTO PRACTICE

WHY A MISSION STATEMENT? A mission statement is a clear, simple statement of intent.

It's what you want to do. What you want to live. What will guide your nutritional, fitness, and wellness choices everyday.

Now, you're not following some external "rules" made by someone else. You're starting to be accountable to you and your body.

Now, you're the boss. And you have to report to you.

YOUR TWO SELVES - When it comes to fitness, good health and wellness, we all have two selves inside our head.

One wants to goof off, eat junk food, and be lazy.

The other one gets up everyday on a mission, goes to the gym, eats healthy and takes their overall fitness, health & wellness serious - spiritually, mentally and physically.

WE MUST REMIND OURSELVES TO BE WHAT WE WANT TO BE EVERY SINGLE DAY.

Every day we are tempted to make bad choices. Every day, we must refresh and revive our commitment to living healthy spiritually, mentally and physically.

No matter how well you do with your new practices, you will always have feelings/urges to act against your good habits. Sometimes those urges will be nearly silent. Other times, they'll yell.

Having the urges is not wrong. It's normal. It's OK to feel them.

You're never going to get rid of feeling inadequate, self-conscious, or anything else that contradicts your "fit person" identity. You may feel these feelings less frequently, and not as intensely. We hope you'll go days, weeks, months — without feeling them.

But those impulses will be there, lurking in the closet. Again, it's normal. It's OK.

And feeling these impulses doesn't mean you've "failed" or aren't "really" a "fit person". It means you're human.

EVERY NEW HABIT REQUIRES DAILY LABOR AND PRACTICE.

“OVER TIME, EACH HABIT BECOMES INGRAINED. BUT WE STILL NEED TO PRACTICE GOOD HABITS. TO ORGANIZE OUR LIVES TO HELP OURSELVES SUCCEED. TO GIVE OURSELVES THE TOOLS AND STRATEGIES WE NEED.”

Client Name (Please Print)

Client Signature

Date

CREATE A HEALTHY ACTION PLAN - YOUR FITNESS MISSION STATEMENT

Your fitness mission statement is part of that process. It helps keep you centered, and reminds you to cater to the “fit person”. Every day, you can remind yourself of who you are, who you want to become, and why you’re doing this in the first place.

We suggest you start by throwing out all negative thought processes and excuses.

How do i make a mission statement?

Start by revisiting your thoughts from early in our wellness program. Think about:

- Who am I? (And who have I become?)
- What do I stand for?
- What is truly valuable and truly meaningful?
- Why is making healthy choices important to me? How do these choices help me accomplish my purpose in life?
- Where do I want to go, and what behaviors will get me there?
- How will I know if I’m making progress?

Now, see if you can capture the who, what, why, where, and how in a few simple, very clear sentences.

1. _____
2. _____
3. _____
4. _____
5. _____

PAC FITNESS CLIENT MISSION STATEMENT

I am a _____, _____ and _____ . I choose to keep my body healthy and whole. I will share my knowledge and experience with others. I will ensure that I display meaningful spiritual, mental and physical values as well as foster integrity, and serve as an example to my family, friends and the world.

I am dedicated to living my life positively, creatively and joyfully as well as being open to learning new things. I will eat well, and mindfully, because I know it’s right and feels good. I will choose and always be open to all exercises and activities that are fun, hard, easy and difficult, always looking for a challenge no matter what.

I’m a superhero created by GOD who needs a strong body – spiritually, mentally and physically for fighting life’s obstacles. My nutrition fuels my quest for peace, love, happiness and justice. My activities must keep me powerful, grateful and excited about helping people change their lives. I also commit to staying positive and encouraging to myself and others no matter what the situation is.

CREATE A HEALTHY ACTION PLAN - YOUR FITNESS MISSION STATEMENT

What do fit people do? Here's a little exercise that might help you.

A fit person...

Fill in the blanks, as many times as you need to. (We're going to assign you five.)

1. A fit person chooses to _____
2. A fit person chooses to _____
3. A fit person chooses to _____
4. A fit person chooses to _____
5. A fit person chooses to _____

As a fit person, I...

Now, match "fit person" with your own values and actions. What could you do every day — maybe even right now — to act on that "fit person" ideal?

1. A fit person chooses to _____, and therefore to live as a "fit person", I choose to _____ today.
2. A fit person chooses to _____, and therefore to live as a "fit person", I choose to _____ today.
3. A fit person chooses to _____, and therefore to live as a "fit person", I choose to _____ today.
4. A fit person chooses to _____, and therefore to live as a "fit person", I choose to _____ today.
5. A fit person chooses to _____, and therefore to live as a "fit person", I choose to _____ today.

Client Name (Please Print)

Client Signature

Date