

TODAY'S DATE _____
PRIMARY VIP FITNESS LOCATION _____ (REQUIRED)

6 WEEK CHALLENGE APPLICATION/AGREEMENT

____ NEW CHALLENGER ____ CURRENT CHALLENGER ____ PAST CHALLENGER

____ CHECK IF YOU ARE ROLLING OVER A DEPOSIT FROM PREVIOUS CHALLENGE (___/___/___ END DATE)



Full Name _____ Date of Birth _____ Sex _____

Are you on Facebook ___ YES ___ NO Facebook Name _____ Referral _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

Height _____ Today's Weight _____ Goal Weight (Today's weight less 20lbs) _____

-
1. ____ **STRAIGHT PAY - ONLY \$197 NON-REFUNDABLE.** If you are an active member your monthly membership will continue.
 2. ____ **REFUNDABLE** - This 6 Week Challenge requires a \$347 deposit which will be returned at the end of 6 weeks after a successful body transformation. If you are an active member your monthly membership will continue.
 3. ____ **STRAIGHT PAY AND REFUNDABLE** - This 6 Week Challenge requires an initial supplement package for New Challengers totaling \$155
PROTEIN SUPPLEMENT FLAVOR (CHECK ONE) ____ *Chocolate* ____ *Vanilla* ____ *Peanut Butter*
 4. ____ **STRAIGHT PAY AND REFUNDABLE** - A successful body transformation entails 20 pounds of weight lost from the initial weigh-in day to the final weigh-in day on the VIP Fitness scale.
 5. ____ **STRAIGHT PAY AND REFUNDABLE** - I understand that I must be present on Final Weigh-in Day.
 6. ____ **STRAIGHT PAY AND REFUNDABLE** - VIP Fitness reserves the right to terminate your agreement for lack of compliance. If you do not comply with the program (miss workout, do not follow nutrition & supplement plan as outlined) in this event you will not be issued a refund.
 7. ____ **REFUNDABLE** - I understand that I must complete five (5) workouts per week, one (1) per day, at a VIP Fitness Transformation Center (totaling 30 workouts per challenge / 6 weeks). I also understand that I must perform (30) public facebook check-ins on my personal profile timeline and tag Jerry Lockwood. The check-in MUST include a written short positive sentence along with a photo at the gym or use of the default picture at the front desk. Every Monday the check-in MUST also include "viptransform.com".

TODAY'S DATE _____

PRIMARY VIP FITNESS LOCATION _____ (REQUIRED)

8. _____ **REFUNDABLE** - You must weigh-in at VIP Fitness weekly during the duration of the 6 Week Challenge. Challengers are able to weigh-in as early as Thursday of each week and no later than Friday by 8pm each week.
9. _____ **REFUNDABLE** - Photos and videos are taken during the session to be used to encourage a healthy lifestyle. All photos and videos are displayed on social media outlets to motivate others to work hard to achieve their goals. As such, all challengers agree to allow their pictures and videos to be posted on social media outlets.
10. _____ **STRAIGHT PAY AND REFUNDABLE** - The meal plan you receive belongs to VIP Fitness. It is NOT to be shared with anyone. If we discovered that you have distributed or shared the meal plan, you will be removed from the challenge and will NOT receive a refund.
11. _____ **REFUNDABLE** - A refund will be issued 14 days after the Official Final Weigh-in date as long as a successful body transformation has been met.
12. _____ **REFUNDABLE** - If I am rolling into a 2nd, 3rd, 4th and up challenge, my start weight at each challenge WILL BE THE SAME as my Final Weight from the previous challenge.
13. _____ **STRAIGHT PAY AND REFUNDABLE** - WE ONLY WANT TO WORK WITH MOTIVATED PEOPLE not talkers or pretenders. BY SIGNING AND INITIALING this agreement there is no backing out or cancellations. Both options are non-refundable for any reason. If you have hesitations, do us both a favor and DO NOT ENROLL.

NO ALCOHOL CONTRACT

I _____, understand that if I drink ANY alcohol during the 6 week challenge I will be removed from the program without a refund.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

TODAY'S DATE _____
PRIMARY VIP FITNESS LOCATION _____ (REQUIRED)

HEALTH HISTORY QUESTIONNAIRE

1. Have you exercised in the past 6 months? _____
2. Type of Exercise _____
3. Are you dieting? _____
4. Nutritional Knowledge?
 High Medium Low
5. Do you smoke or have you ever smoked or used smokeless tobacco for a total of 10 years? _____
6. _____ Packs of cigarettes smoked per week?
7. _____ Alcoholic beverages consumed per week?
8. _____ Cups of coffee consumed per day?
9. _____ Cans of cola drinks consumed per day?
10. Indicate any disease or illness you have
 - Asthma
 - Allergies
 - Arthritis
 - Abnormal or Positive Exercise Stress Test
 - Back Condition
 - High Blood Pressure
 - Low Blood Pressure
 - Bursitis
 - Fatigue
 - Joint Pain
 - Ulcers
 - Heart Condition
 - Hemorrhoids
 - Hernia
 - Nervous Tension
 - Sinus
 - Varicose Veins
 - Shortness of Breath
 - Other _____
11. Are you currently taking medication?
Specify what type _____
Dosage _____
12. When was your last physical exam? _____
13. Physician's Name & Phone Number

14. Have you had a stress test? _____
15. Cholesterol HDL _____ LDL _____ Total _____
16. Have you ever been hospitalized? _____
For _____
17. Are you pregnant? _____
18. Do you have or have you ever had?
 - Heart Attack or Heart Trouble
 - Chest Pain or Angina Pectoris
 - Coronary Bypass or Angioplasty
 - Abnormal or Positive Exercise Stress Test
 - Musculoskeletal Limitations
 - Difficulty Breathing/Shortness of Breath
 - Arthritis/Rheumatism
 - Knee Problems
 - A Chronic recurrent or morning cough
 - Any episode of coughing up blood
 - Increased anxiety or depression
 - Swollen, stiff or painful joints
 - Back Pain (herniated or ruptured disc)
 - Shoulder Pain
 - Surgery
 - Heart Murmur
 - Irregular Heart Beat or Rhythm
 - High Blood Pressure over 145/95
 - Impaired Circulation
 - Stroke
 - Convulsions or Loss of Consciousness
 - Diabetes Mellitus
 - High Blood Cholesterol Level

AUTOMATIC PAYMENT AUTHORIZATION: I, _____, hereby authorize VIP Fitness to charge my credit card or debit card

AMEX DISCOVER MASTERCARD VISA

CARD # _____ EXP DATE _____ CVV CODE _____ BILLING ZIP CODE _____

ANY AND ALL PAYMENTS DUE TO VIP FITNESS LLC AS INDICATED ABOVE. I FURTHER AUTHORIZE MY CREDIT CARD COMPANY OR BANK TO MAKE PAYMENT(S) TO VIP FITNESS LLC BY THE METHOD(S) INDICATED ABOVE AND TO POST IT TO MY ACCOUNT.

SIGNATURE _____ **DATE** _____

I agree to hold harmless VIP Fitness Inc, and all of their employees and/or agents free from any and all injuries, losses, damages and liability occurring from my own and/or my child's participation in the activity for which I have enrolled. I hold VIP Fitness free of any liability for unattended children on the property. I also agree to be photographed/videotaped and/or agree to have my child photographed/videotaped and release the use of the photographs/videos for publicity, publications and other information tools.