

TODAY'S DATE: _____

PRIMARY VIP FITNESS LOCATION: _____ (REQUIRED)



MEMBERSHIP

Full Name _____ Date of Birth _____ Sex _____

Height/Weight _____ Email _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Phone _____

Referral _____

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

PLEASE FILL OUT BOTH SIDES



What Works?

Check off any of the methods or techniques you've used in previous attempts to change your body:

- Calorie Restrictive Diet
- Weight Loss Drug (i.e. Phen-fen, Redux, Meridia)
- Low Fat Diet
- High Protein Low Car Diet
- A structured eating program based on nutrient % (i.e. 30-40-30%)
- Powders or Shakes to replace or supplement meals
- Health Food Stores (fat burners, performance aids, etc.)
- Aerobics Classes
- OTC Pills for Weight Loss Help or Appetite Suppression
- Weight Training
- Exercise at home (videos, step, etc)
- Infomercial Products
- Medical Based Weight Loss or Wellness Program
- "Just Eating Better" making wiser choices, fruits and vegetables
- Your Own Aerobic Exercise Program (biking, walking, etc.)

The question everyone asks in relation to the above so-called "aids" or "solutions" is...

"Does it Work?"

What is the motivation that drives you to want to participate in our program?

What are your goals and expectations of this program?

Do you understand that by following the eating program/workout program to the best of your ability you will yield greater results?

I agree to hold VIP Fitness LLC and all of their employees or agents free from any and all injuries, losses, damages, and liability occurring from my participation in the activity for which I have enrolled. I also agree to be photographed/videotaped and release the use of the photographs/videos for publicity in VIP Fitness LLC publications and other marketing tools.

Signature _____ Date _____

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\$127.00 PER MONTH (6-MONTH COMMITMENT)
Unlimited bootcamp, eating plan and supplement plan. (Your rate is guaranteed from when you signed up, even if ours go up.)

\$175.00 Per Month – Month-to-Month
Month-to-Month Tribe membership – You may Cancel at any time with a 30-day notice.

AUTOMATIC PAYMENT AUTHORIZATION: I, _____, hereby authorize VIP Fitness LLC 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 PAYMENTS(S) TO VIP FITNESS LLC BY THE METHOD(S) INDICATED ABOVE AND TO POST IT TO MY ACCOUNT.

SIGNATURE _____ **DATE** _____

FOR BILLING QUESTIONS please email membership@myvipfitness.com

_____ (initial) **AUTOMATIC MONTH-TO-MONTH:** The six(6) consecutive month Membership will automatically go to month-to-month and be considered active after its been completed, until cancelled as described in the Cancellation Policy.

_____ (initial) **CANCELLATION POLICY AND EARLY CANCELATION PENALTY:** VIP FITNESS LLC member **MUST** give **30-day notice of cancellation** by going to <http://viptransform.com> under the Membership tab and filling out the VIP FITNESS LLC Membership Cancellation form. E-mail the completed form to membership@myvipfitness.com at least 30 business days from the above stated debit date. I understand I am responsible for all membership fees and charges to my account through that date. (Please note: Even if you notify your instructor of your intent to cancel, you are still required to submit a completed **“Cancellation Form”** via e-mail to membership@myvipfitness.com. Save a record of your submitted **“Cancellation Form”** e-mail as your receipt. If for any reason, you cancel before completing the agreed-upon-6-month agreement, a \$65.00 fee will be due for every debit not yet paid, after receiving the Cancellation form by email. This total amount will be due and debited immediately. If at any time your account is not paid per this contract and it is turned over to our collections department then there will be a \$250.00 collection fee charged to your account. I certify that I have fully read and understand this Agreement and will comply with the contents herein.

_____ (initial) **VIP FITNESS LLC MEMBER/PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE FROM LIABILITY OF VIP FITNESS LLC.** PARTICIPANT ASKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVED THE INHERENT RISK OF PHYSICAL INJURY OR OTHER DAMAGE, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE TRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED OCCURRING DURING OR AFTER PARTICIPANT PARTICIPATION IN THE PHYSICAL ACTIVITES. VIP FITNESS LLC MEMBER FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF ANY INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A VIP FITNESS LLC MEMBER, SLIP AND FALL BY VIP FITNESS LLC MEMBER, OR AN UNKNOWN HEALTH PROBLEM OF VIP FITNESS LLC MEMBER. VIP FITNESS LLC MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES. VIP FITNESS LLC MEMBER AFFIRMS THAT VIP FITNESS LLC MEMBER/PARTICIPANT IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. VIP FITNESS LLC MEMBER ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, VIP FITNESS LLC MEMBER AGREES THAT IT IS THE RESPONSIBILITY OF VIP FITNESS LLC MEMBER TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF MEMBER/PARTICIPANT TO TAKE PART IN VIP FITNESS LLC ACTIVITIES. BY AGREEING TO THIS AGREEMENT VIP FITNESS LLC MEMBER/PARTICIPANT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. VIP FITNESS LLC MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS.

_____ (initial) I hereby grant VIP FITNESS LLC permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by VIP FITNESS LLC in perpetuity, and for other use by VIP FITNESS LLC. I will make no monetary or other claim against VIP FITNESS LLC for the use of the photograph(s)/video.

BY SIGNING THIS YOU AGREE TO THE TERMS ABOVE.

Signature _____ Date _____

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