



NJ Fit Mom, LLC Release of Liability
(must be signed prior to starting camp/personal training)

NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program.

Name: _____
Address: _____ phone _____
City: _____ State _____
Zip Code _____ Date of Birth _____ email _____

1. In consideration of being allowed to participate in activities and programs of NJ Fit Mom, LLC/Jessica Griffin and to use its facilities, equipment and machinery in addition to any fee or charge, I do hereby waive, release and forever discharge NJ Fit Mom, LLC/Jessica Griffin and any others acting on her behalf from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any fitness activities including but not exclusive to Personal Training, Boot Camp, Nutritional Counseling, and/or Group Exercise Classes. Please initial _____

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I understand this program does not provide any form of medical treatment, nor are its fitness professionals, licensed medical practitioners. I hereby agree to expressly assume and accept any and all risks of injury or death. Please initial _____

3. I do hereby further 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 in any of the activities designed by NJ Fit Mom, LLC/Jessica Griffin/and any other acting on her behalf. I acknowledge that I have either had a physical examination and have 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. Please initial _____

Dated this _____ day of _____, 20____ **Signature:** _____

Initial the following:

___ I agree that I will eat nutritiously and sensibly during Boot Camp/training. I will eat as close to nature as possible and avoid saturated fats, sugar, soda (regular & diet), and processed foods. I understand that diet and nutrition will help me achieve my goal.

___ I agree to show up for Boot Camp/training every day I committed to. I understand that I will get the best results by attending all classes.

___ I understand that photos or video *may be taken* during the course of my involvement in Boot Camp/training, which may be used for promotional purposes.

___ I will bring a positive attitude and expect to have fun!

PACKAGE: please check

_____ Private _____ Group
_____ Single session _____ 5 sessions _____ 10 sessions

Packages expire 3 months from purchase. For group sessions dates must be agreed to ahead of time by group. There are no make- ups if one member of group has to miss a previously scheduled group session.

STUDIO RATES:

12 Mohican Road Blirstown, 07825

one on one (50 minutes)...

\$65 per session, pay as you go

\$60 per session, pre-paid 5 session package

\$55 per session, pre-paid 10 session package

Plus a ONE TIME \$25 facility fee per person.

group of two or three (50 minutes)...

\$75 per session total Additional people add additional \$25 per person

TRAIN IN YOUR OWN HOME! TRAVEL RATES:

Add \$5 per person per session to come to your location within 15 miles.

add \$10 per person per session 15-25 miles.

add \$20 per person per session 25 + miles.

NJ Fit Mom, LLC Group/private Training Contract

Payment and liability must be complete prior to first training. Liability on website under registration forms.

www.njfitmom.com

NAME(S) _____

One on one must give 24 hour notice for cancellation or will not be made up.

Group training is committed to as a group. If any one person misses for any reason (sick, appt, quits, etc) the group rate below does not change. There are no individual make ups for group training sessions. There is a minimum of a 4 session commitment for groups.

Dates: _____

Facility Fee: _____ Travel Fee: _____ Private/Group Rate: _____

Total due : _____ \$

Signature(s): _____

Trainer: _____