



Training Application

Welcome to Adrenaline Performance Training, the athlete training division of Cr8 Health & Fitness, LLC. We offer Strength & Conditioning training for athletes looking to improve all aspects of their sport. The sessions we offer are very challenging and continue to challenge athletes every time they continue training. All hard working, dedicated athletes are welcome.

As you know, our clients are only accepted via referral from current or past clients or via personal invitation. We do not accept athletes who are anything less than 100 % dedicated. Only a small few are accepted here, but, for those who are accepted into the program can expect to skyrocket their athletic success and performance.

Taking the athlete such as yourself to the next level is something we don't take as just business but a personal goal to get you the results you want & need. We want every athlete to leave knowing what they did that day helped them get closer to their goal of being in the best shape to maximize their athleticism.

If at anytime during the training you feel fatigued or any discomfort feel free to step aside a moment, if it's just to catch your breath or a needed rest. I fully understand the training is intense and can cause fatigue for some during the session. I encourage all to compete at the highest level during the training to maximize the results you want. The training is offered year round for athletes. I thank you as well as commend you for attending and I know the training will be is as beneficial for you as it has been for many others.

Waiver of Liability, Indemnity Agreement and Assumption of Risk

Waiver of Liability: I, _____, for myself, my heirs, personal representatives and assigns in consideration of authorization to use, today and on all future dates, the property, facilities, and services of Cr8 Health & Fitness, LLC., (hereinafter referred to as Cr8 Health), in addition to the payment of any fee or charge, **do hereby release, waive, covenant not to sue and discharge** Cr8 Health, its owners, directors, officers, employees, trainers, contractors, representatives, volunteers, agents and all others **from any and all claims, demands and causes of action arising from the ordinary negligence or omission** of Cr8 Health or any of the aforementioned parties. This agreement applies to 1) personal injury (including, but not limited to, death, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, or any other illness, soreness, or injury), however caused, occurring during or after my participation in Cr8 Health exercise programs or activities including, but not limited to, aerobic dance, weight training, stationary bicycling, organized activities, classes, observation, and individual use of, facilities, premises, aerobic-conditioning machinery or equipment; and to 2) any and all claims resulting from damages to, loss of, or theft of property. (Please Initial _____)

Indemnification and Hold Harmless: I, _____, also agree to HOLD HARMLESS AND INDEMNIFY Cr8 Health from ordinary negligence and to reimburse them for any expenses incurred as a result of my participation in exercise, training, and fitness activities at Cr8 Health. I further agree to pay all costs and attorneys' fees incurred by Cr8 Health in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Cr8 Health is not responsible for the injury or loss. (Please Initial _____)

Assumption of Risks: I, _____, understand and am aware that physical activity, including the use of facilities, equipment and machinery, carries with it inherently dangerous risks that cannot be eliminated regardless of the care taken to avoid injuries. **These inherently dangerous physical activities involve a risk of injury and even death and** I am voluntarily participating in these inherently dangerous activities offered through Cr8 Health with the knowledge of the inherent dangers involved. I fully understand the nature of physical activity at Cr8 Health, the physical demand of activities made possible by Cr8 Health, and I may injure myself as a result of my participation in Cr8 Health's exercise and fitness training program. **I hereby affirm that my participation at Cr8 Health is voluntary and expressly assume and accept any and all risks of injury or death.** (Please Initial _____)

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver of liability, indemnity, and assumption of risks agreement is intended to be a broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Merrimack County, New Hampshire. (Please Initial _____)

Acknowledgement of Understanding: I have read this waiver of liability, indemnification and assumption of risks agreement and fully understand its terms. **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 my signature to be a complete and unconditional release of all liability and assumption of the inherent risks of participating in or observing recreational, fitness, and training activities at Cr8 Health** to the greatest extent allowed by law in the State of New Hampshire.

Client Name (Please Print)

Client Signature

Date

Parent Name (Please Print)

Parent Signature (If under 18)

Date

Informed Consent Agreement

Date: _____

INFORMATION (PLEASE PRINT)

Name: _____ Date of Birth: _____/_____/_____

Address: _____ City: _____ Zip: _____

(Circle One) High School College Adult M or F School Year: _____

Parent(s) if under 18: _____

E-Mail Address: _____

Phone: _____ Phone (Other): _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

What is your sport of focus?: _____

Description of the Exercise Program

I understand that my exercise and fitness training program will involve participation in various activities. These activities will vary depending upon my objectives discussed with my trainer, but will likely include:

1. aerobic activities including, but not limited to, dance, running, walking, or jogging, and the use of aerobic-conditioning and other machinery or equipment,
2. muscular endurance and strength building exercises including, but not limited to, running, walking, or jogging, and the use of strength building and other machinery or equipment;
3. selected physical fitness and body composition tests; and
4. other activities selected by my trainer and agreed upon by me.

Description of Potential Risks

My trainer explained and I understand that physical activity carries with it inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. For example, when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (e.g., pulled muscles, muscle soreness) to infrequent serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) to the very rare catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities occasionally results in minor injuries (e.g., bruises, musculo-skeletal strains and sprains), infrequently, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and very rarely, catastrophic injury (e.g., death, paralysis).

I realize that when participating in any exercises or conditioning activity, there is always a possibility that minor injuries, major injuries, catastrophic injury or death may occur.

Description of Potential Benefits

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the physiological benefits of a regular exercise program can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement in cardiovascular

function, reduction in risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility. I further understand that regular exercise can have psychological benefits, often improving one's outlook and feeling of well-being, as well as relieving tension and stress.

Client Acknowledgements and Responsibilities

I acknowledge that I am physically sound and suffer from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise or fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his or her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician. Finally, I acknowledge that my participation is completely voluntary and the potential benefits involved in the physical exercise and training fitness program outweigh the potential risks.

Client Responsibilities and Physical Activity Readiness Questionnaire:

I understand that it is my sole responsibility to fully disclose any health issues that are relevant to participation in an exercise and fitness training program. I further understand that it is my responsibility to inform my trainer if there are activities that I do not feel comfortable participating and will stop exercise immediately if I experience any unusual discomfort. Finally, I understand that it is my responsibility to clear my participation in the exercise and fitness training program with my physician before participating in the program.

1. Has a doctor ever said you have a heart condition, recommending only medically supervised activity?
YES NO

2. Do you have chest pain brought on by physical activity?
YES NO

3. Do you tend to lose consciousness or fall as a result of dizziness?
YES NO

4. Has a doctor ever recommended medication for your blood pressure or a heart condition?
YES NO

If so, what are you taking? _____

5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
YES NO

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

If so, please explain: _____

7. Do you smoke cigarettes?
YES NO

If so, how many packs a day? _____

Do you now, or have you had in the past:

- | | | |
|---------------------------------------------------------------------------------|------------|-----------|
| 1. A history of heart problems, chest pain, or stroke? | YES | NO |
| 2. Increased blood pressure? | YES | NO |
| 3. Any chronic illness or condition? | YES | NO |
| 4. Difficulty with physical exercise? | YES | NO |
| 5. Advise from a physician not to exercise? | YES | NO |
| 6. Surgery in the last 12 months? | YES | NO |
| 7. A pregnancy (now or within the last 3 months)? | YES | NO |
| 8. History of breathing or lung problems? | YES | NO |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you? | YES | NO |
| 10. Diabetes or thyroid condition? | YES | NO |
| 11. Obesity (more than 20 percent over ideal body weight)? | YES | NO |
| 12. Increased blood cholesterol? | YES | NO |
| 13. A history of heart problems in immediate family? | YES | NO |
| 14. A hernia, or any condition that may be aggravated by lifting weights? | YES | NO |

I have read and understood the above consent agreement and fully completed the questionnaire. I certify that the above statements are true and correct. Any questions I had were answered to my full satisfaction. I understand that a Doctor's note may be requested. If a note is requested, I should not proceed with this workout until the note is received. I do further hereby consent to the abovementioned risks and am freely and voluntarily participating in this program. Finally, I am freely signing this agreement.

Client Name (Please Print)

Client Signature

Date

Parent Name (Please Print)

Parent Signature (If under 18)

Date

Trainer Name (Please Print)

Trainer Signature

Date

Training Commitment:

In consideration of my own personal athletic needs, I (athlete's name), _____ hereby agree to enter into an agreement with Cr8 Health & Fitness, LLC and agree to commit the time and energy necessary to accomplish my goals as written and reviewed by myself and Cr8 Health & Fitness, LLC and / or their employees. **I understand that if I do not consistently show the effort and dedication required of me, I will not be allowed to continue my training.**

Rescheduling, Interruption of Service & Cancellation:

1. Rescheduling / cancellation of any session requires a minimum of 24 hr. notice to avoid charges for that session (except in circumstances of emergencies).
2. For interruption of service please give at least 10 days prior notification stating reason for interruption and anticipated continuation.
3. If by any reason of permanent disability the participant is unable to complete the training program, he / she shall be relieved of the obligation of making payment other than for the services performed prior to onset of disability.
4. If the athlete does not show up for 14 consecutive days with out appropriate notice, FULL Membership will be cancelled without refund.
5. If the athlete does not show consistent efforts towards training than he / she will be dismissed from training program.

Renewal of Agreement

Participant shall have the option to renew agreement under similar or new terms within 30 days of termination of agreement. Costs for services will remain in effect for duration of agreement.

Guarantee of Services

Should (athlete's name) _____ not show up for a pre – scheduled, prepaid session, participant shall have the option to reschedule the missed appointment as long as 24 hr. notice has been received prior to the training session.

Photo and Video Consent Release

Some of our training sessions are recorded or photographed for our web sites and / or products. If you prefer not to be featured in our media feel free to leave blank.

I, _____, do hereby consent that any photographs, video footage, and statements taken during training may be used by Cr8 Health & Fitness, LLC. These images may be used for, but are not limited to, educational and instructional materials and publication.

Parent Signature if athlete is under 18: _____

Date: _____

Terms of Membership (All memberships are minimum 3 months in length)

Out of season athletes are required to train 2x per week, while the in-season program is reserved for those who sports season is currently active.

Gold Membership: 2x per week (24 sessions): 3 payments of \$ 147

In-Season Champs: 1x per week (12 sessions): 3 payments of \$ 97 (In Season Only)

Adrenaline Performance Training utilizes an automatic payment plan for our memberships. We can debit from your checking/savings or from a credit card. This convenient program locks in your spot on a monthly basis until you choose to cancel, freeing you up from billing hassles. All we ask is you give us 10 days notice before the start of the next boot camp if you wish to take a session off.

EFT Billing forms are available in the office.

Month-To-Month Option

Excellence requires patience and a long-term commitment to training, both in and out of season. We encourage all our clients to purchase a membership, but in certain circumstances allow shorter-term commitments.

Gold Membership: 2x per week (24 sessions): 1 payment of \$ 197

In-Season Champs: 1x per week (12 sessions): 1 payment of \$ 147 (In Season Only)

Recurring Payment Plan Authorization Form Bank Account or Credit Card

Schedule your payment to be automatically deducted from your checking account, or charged to your Visa, MasterCard, American Express or Discover Card.

The Recurring Payment Plan will help you in several ways:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- It's easy to sign up

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you and will appear on your statement.

Please complete the information below:

I _____ authorize Cr8 Health & Fitness, LLC to charge/debit my
(name)

account on the _____ of each month for payment of my bill.
(date of transaction)

Billing Address _____

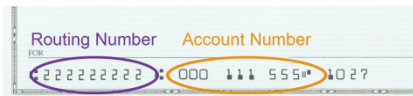
Phone# _____

City, State, Zip _____

email _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV (3 digit number on back of card) _____	

SIGNATURE _____

DATE _____

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.