

ULTRA FIT REGISTRATION

Spring 2017: March 6 – April 30



Member Name _____

Franco's Member Acct. # _____ Phone # _____

E-mail _____

**Email is mandatory as that is how you will receive your weekly schedule, communication and leaderboards
"Like" Franco's UltraFit Challenge on FB to stay updated on latest news, additions, changes, tips and news!*

PREFERRED WORKOUT TIME FRAME

- ☐ 5:00am – 7:30am (childcare NOT available)
- ☐ 7:30am – 9:30am (childcare available at 7:30am)
- ☐ 9:30am – 1:00pm
- ☐ 4:00pm – 6:00pm
- ☐ 6:00pm – 8:30pm (childcare available until 8pm M-Th, 7pm Fri)

PREFERRED TEAM OR TRAINER

Do you have a preferred Trainer?

T-Shirt Size (you will receive one free shirt, additional shirts are \$20) Choose ONE: _____ crew neck or _____ ladies tank

☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

_____ # additional shirts (\$20 each)

PROGRAM SELECTION & PAYMENT

NO REFUNDS ISSUED ONCE THE PROGRAM BEGINS on March 7 _____ Initial here

Registration Fee _____ \$75

Registration Program Fee _____ \$599

Upgrade to include Boxing/CrossFit _____ \$50

Boxing Classes Friday and Saturday, and unlimited CrossFit Classes (if not already a member of CrossFit Franco's)

Payment Selection:

- ☐ Charge my membership account in full \$ _____
- ☐ Charge my account & spread equal payments through May 2017
- ☐ Other: Payment must be arranged before you will be placed on a team by contacting the business office at 985-792-0205

Office Use Only	Int'l's _____
_____ \$75 Enrollment Fee	
_____ \$599 UltraFit Program	
_____ Check #	_____ Cash
_____ C.C. _____	
or _____ monthly payments of \$ _____	



ULTRA FIT PROGRAM RELEASE OF LIABILITY

I _____ hereby accept all risks associated with my participation in Franco's Ultra Fit Challenge Program and release and forever discharge the **Franco's, its employees - including its personal trainers ("TRAINER"), Franco's, and any other officers, agent or volunteers of Franco's ("RELEASEES")** from any and all responsibilities or liability from injuries or damages resulting from or connected with my participation in any of the exercise programs whether arising from the negligence of the RELEASEES or otherwise.

1. I acknowledge and fully understand that I will be engaging in training activities that potentially involve the risk of serious injury, permanent disability or death. Other possible risks may include social and economic losses which might result not only from the RELEASEES own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.
2. I further acknowledge and understand that Franco's, **its personal trainers and other employees are not licensed dieticians or physicians** and that any information or guidelines provided through the Ultra Fit program, its personal trainers or other employees carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose.
3. Franco's/Lose Dat/Ultra Fit and its employees will implement the most effective principals to help the participant achieve his or her goals within the TRAINER'S *scope of practice*, but cannot guarantee that its products or workouts will be safe, effective or suitable for everyone. For that reason, all services, programs, techniques and materials embodied in such services, are offered without warranties or guarantees of any kind, expressed or implied, and the TRAINER, Franco's and its employees disclaim any liability, loss or damages that may result.
4. **I understand that a physician's approval is highly recommended prior to participating in this program** and have either obtained a signed approval from my physician or have signed the *Physicians Release Form* if I meet one or more of the following criteria: 1) am male age 45 or older, 2) am female age 55 or older, 3) answered "yes" to one or more questions on the *Health History Questionnaire* above.
5. I also acknowledge that some exercise programs might be held outside of Franco's, and hereby accept all risk associated with all offsite exercise programs.
6. I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions of Franco's Lose Dat Program. I understand the risks and benefits of the program and any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge, release and hold harmless the TRAINER, Franco's and its employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the RELEASEES and not caused in part by my own negligence.

IMAGE RELEASE Franco's Athletic Club, its members and its employees request and hereunder signed agrees to grant all rights to use my name, photo, voice, appearance, and performance to record on or transfer to video tape, film, slides, photographs, audio tape and or other media now known or later developed to be used for broadcast, exhibit, market, sale, or to be otherwise distributed. I (the signee) hereby release Franco's, its members and its employees or vendors from responsibility for any personal injury suffered by me during production.

Health History Questionnaire, Waiver & Image Release & Physician's Release

I have read this agreement and I understand what I am signing:

Signature

Date