

TOTAL BODY POWER

Boot Camp Style!

(281) 807-9160

Mon/Tues/Thur 6:00 PM

PRINT THIS OUT AND BRING IT IN FOR A FREE 2 WEEK TRIAL OF BOOT CAMP AT THE HEALTH CLUB FOR WOMEN. NO OBLIGATIONS, YOU WILL SEE RESULTS IN TWO WEEKS!

MUST FILL OUT COMPLETELY IN ORDER TO PARTICIPATE.

NAME: _____

PHONE: _____

EMAIL: _____

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning the exercise program. I fully understand that the program is highly strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility, the instructor, facility or any persons involved with this program or testing procedures.

SIGNATURE: _____ DATE: _____

Print Signature: _____

www.thehealthclubforwomen.com

Email: info@thehealthclubforwomen.com