



**GARZA'S**  
FAT LOSS CAMPS

**FAMILY MEMBERSHIP AGREEMENT**  
**AND LIABILITY FORM**

Please fill out COMPLETELY and PRINT CLEARLY.

**Primary Member**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CAMP Membership**  
**\$127.00 PER MONTH\* + \$49 FOR A**  
**FAMILY MEMBER = TOTAL \$176**  
**(6-MONTH COMMITMENT)**  
**Unlimited camps, unlimited classes, eating**  
**plan and supplement plan.**

**COMBO CAMP & HOME Membership**  
**\$177.00 PER MONTH\* + \$49 FOR A**  
**FAMILY MEMBER = TOTAL \$226**  
**(6- MONTH COMMITMENT)**  
**Unlimited camps and live stream,**  
**unlimited classes, eating plan and**  
**supplement plan.**

**HOME Membership**  
**\$99.00 PER MONTH\* + \$49 FOR A**  
**FAMILY MEMBER = TOTAL \$148**  
**(6-MONTH COMMITMENT)**  
**Unlimited live streamed classes,**  
**eating plan and supplement plan.**

**SERVICE MEMBER / TEACHER /**  
**STUDENT Membership**  
**\$79.00 PER MONTH\* + \$49 FOR A**  
**FAMILY MEMBER = TOTAL \$128**  
**(6-MONTH COMMITMENT)**  
**Unlimited camps, unlimited classes, eating**  
**plan and supplement plan.**

**CAMP OR**  **HOME**

(Must email a copy of a current valid ID for active military, police, fireman, teacher or student to receive these rates\*)

**\*Current members will pay their current monthly rate + \$49 for a family member (Your rate will not increase)**

Referred by \_\_\_\_\_

## Family Member Information

### Secondary Member

Relationship to Primary Member \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment authorization below will be processed for both primary and family member memberships. We will not split payments.

**AUTOMATIC PAYMENT AUTHORIZATION:** I, \_\_\_\_\_, hereby authorize Travis Garza's Fat Loss Camp to charge my credit card or debit card

AMEX

DISCOVER

MASTERCARD

VISA

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV code \_\_\_\_\_

any and all payments due to Travis Garza's Fat Loss Camp as indicated above. I further authorize my credit card company or bank to make payments(s) to Travis Garza's Fat Loss Camp by the method(s) indicated above and to post it to my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR BILLING QUESTIONS please e-mail [membership@travisgarza.com](mailto:membership@travisgarza.com) or call 405-820-3813

Please fill out next page

Both members need to initial each policy & sign below

\_\_\_\_\_ AUTOMATIC MONTH-TO-MONTH: The six (6) consecutive month Tribe Membership will automatically go to month-to-month  
1<sup>st</sup> initials and be considered active after it has been completed, until cancelled as described in the Cancellation Policy

\_\_\_\_\_ 2<sup>nd</sup> initials

\_\_\_\_\_ CANCELLATION POLICY AND EARLY CANCELLATION PENALTY: Travis Garza's Fat Loss Camp member **MUST** give  
1<sup>st</sup> initials **30-day notice of cancellation** by going to <http://travisgarza.com/> under the Membership tab and filling out the Garza's  
Membership Cancellation form. E-mail the completed form to [membership@travisgarza.com](mailto:membership@travisgarza.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 and my family  
member's account through that date. (Please note: Even if you notify your instructor of your intent to cancel, you are still  
2<sup>nd</sup> initials required to submit a completed "Cancellation Form" via e-mail to [membership@travisgarza.com](mailto:membership@travisgarza.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 \$90.00 fee will be due for every debit date not yet paid, after receiving the Cancellation Form by e-mail. This  
total amount will be due and debited immediately. I certify that I have fully read and understand this Agreement and will  
comply with the contents herein.

\_\_\_\_\_ **TRAVIS GARZA'S FAT LOSS CAMP MEMBER/PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF**  
1<sup>st</sup> initials **RISK AND RELEASE FROM LIABILITY OF TRAVIS GARZA'S FAT LOSS CAMP.** PARTICIPANT ACKNOWLEDGES  
THESE PHYSICAL ACTIVITIES INVOLVE THE INHERENT RISK OF PHYSICAL INJURY OR OTHER DAMAGE,  
INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES,  
SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS,  
2<sup>nd</sup> initials SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER PARTICIPANT PARTICIPATION  
IN THE PHYSICAL ACTIVITIES. TRAVIS GARZA'S FAT LOSS CAMP MEMBER FURTHER ACKNOWLEDGES  
THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN  
INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A  
TRAVIS GARZA'S FAT LOSS CAMP MEMBER, SLIP AND FALL BY TRAVIS GARZA'S FAT LOSS CAMP MEMBER,  
OR AN UNKNOWN HEALTH PROBLEM OF TRAVIS GARZA'S FAT LOSS CAMP MEMBER. TRAVIS GARZA'S  
FAT LOSS CAMP MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH  
PARTICIPATION IN THE PHYSICAL ACTIVITIES. TRAVIS GARZA'S FAT LOSS CAMP MEMBER AFFIRMS  
THAT TRAVIS GARZA'S FAT LOSS CAMP MEMBER/PARTICIPANT IS IN GOOD PHYSICAL CONDITION AND  
DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE  
PHYSICAL ACTIVITIES. TRAVIS GARZA'S FAT LOSS CAMP MEMBER ACKNOWLEDGES PARTICIPATION WILL  
BE PHYSICALLY AND MENTALLY CHALLENGING, TRAVIS GARZA'S FAT LOSS CAMP MEMBER AGREES THAT  
IT IS THE RESPONSIBILITY OF TRAVIS GARZA'S FAT LOSS CAMP 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 TRAVIS GARZA'S FAT LOSS CAMP  
ACTIVITIES. BY AGREEING TO THIS AGREEMENT. TRAVIS GARZA'S FAT LOSS CAMP MEMBER/PARTICIPANT  
ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. TRAVIS  
GARZA'S FAT LOSS CAMP MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT  
EXCEEDING HIS OR HER PHYSICAL LIMITS.

\_\_\_\_\_ I hereby grant Travis Garza's Fat Loss Camp permission to interview me and/or to use my likeness in  
1<sup>st</sup> initial 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 Travis Garza's Fat Loss Camp in perpetuity, and for other use by Travis Garza's Fat Loss camp.  
\_\_\_\_\_ I will make no monetary or other claim against Travis Garza's Fat Loss Camp for the use of the photograph(s)/video.  
2<sup>nd</sup> (initial

BY SIGNING THIS YOU AGREE TO THE TERMS ABOVE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please visit [www.travisgarza.com](http://www.travisgarza.com) for updated camp locations and class times