



GARZA'S
FAT LOSS CAMPS

SERVICE/TEACHER MEMBERSHIP AGREEMENT
AND LIABILITY FORM

Please fill out COMPLETELY and PRINT CLEARLY.

First Name _____ Last Name _____ DOB _____

Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

\$79.00 PER MONTH - CAMP
(6-MONTH COMMITMENT)
**Unlimited camps, unlimited classes,
eating plan and supplement plan.**

\$79.00 PER MONTH – HOME
(6-MONTH COMMITMENT)
**Unlimited live stream classes,
eating plan and supplement plan.**

(Your rate is guaranteed from when you sign up, even if ours go up.)

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

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 or call 405-820-3813

Email completed form to membership@travisgarza.com

_____ AUTOMATIC MONTH-TO-MONTH: The six (6) consecutive month Tribe Membership will automatically go to month-to-month
(initial) and be considered active after it has been completed, until cancelled as described in the Cancellation Policy.

_____ CANCELLATION POLICY AND EARLY CANCELLATION PENALTY: Travis Garza's Fat Loss Camp member **MUST** give
(initial) **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 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 through that date. (Please note: Even if you notify your instructor of your intent to cancel, you are still required to submit a completed "Cancellation Form" via e-mail to 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 \$65.00 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**
(initial) **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, 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
(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.

BY SIGNING THIS YOU AGREE TO THE TERMS ABOVE.

Signature: _____ Date: _____

TODAY'S DATE: _____

AT CAMP OR AT HOME

PRIMARY IN CAMP LOCATION: _____ (REQUIRED)



Health Evaluation

Name _____ Date of Birth _____ Sex _____
Height/Weight _____ Email _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Relationship _____ Phone _____

Health History Questionnaire

1. Have you exercised in the past 6 months? _____
2. Type of Exercise _____
3. Are you dieting? _____
4. Nutritional Knowledge?
High ___ Medium ___ Low ___
5. _____ Packs of cigarettes smoked per week?
6. _____ Alcoholic beverages consumed per week?
7. _____ Cups of coffee consumed per day?
8. _____ Cans of cola drinks consumed per day?
9. Indicate any disease or illness you have
 Asthma
 Allergies
 Arthritis
 Abnormal or Positive Exercise Stress Test
 Back Condition
 High Blood Pressure
 Low Blood Pressure
 Bursitis
 Fatigue
 Joint Pain
 Ulcers
 Heart Condition
 Hemorrhoids
 Hernia
 Nervous Tension
 Sinus
 Varicose Veins
 Shortness of Breath
 Other _____
10. Are you currently taking medication?
Specify what type _____
_____ Dosage _____
11. When was your last physical exam? _____
12. Physician's Name & Phone Number

13. Have you had a stress test? _____
14. Cholesterol HDL _____ LDL _____ Total _____
15. Have you ever been hospitalized? _____
For _____
16. Are you pregnant? _____
17. Do you smoke or have you ever smoked or used smokeless tobacco for a total of 10 years? _____
18. Do you have or have you ever had?
 Heart Attack or Heart Trouble
 Chest Pain or Angina Pectoris
 Coronary Bypass or Angioplasty
 Abnormal or Positive Exercise Stress Test
 Musculoskeletal Limitations
 Difficulty Breathing/Shortness of Breath
 Arthritis/Rheumatism
 Knee Problems
 A Chronic recurrent or morning cough
 Any episode of coughing up blood
 Increased anxiety or depression
 Swollen, stiff or painful joints
 Back Pain (herniated or ruptured disc)
 Shoulder Pain
 Surgery
 Heart Murmur
 Irregular Heart Beat or Rhythm
 High Blood Pressure over 145/95
 Impaired Circulation
 Stroke
 Convulsions or Loss of Consciousness
 Diabetes Mellitus
 High Blood Cholesterol Level

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Please fill out both sides

What Works?

Check off any of the methods or techniques you've used in previous attempt to change your body:

- | | |
|---|--|
| <input type="checkbox"/> Calorie Restrictive Diet | <input type="checkbox"/> OTC Pills for Weight Loss Help or Appetite Suppression |
| <input type="checkbox"/> Weight Loss Drug (i.e. Phen-fen, Redux,, Meridia) | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Low Fat Diet | <input type="checkbox"/> Exercise at Home (videos, step, etc) |
| <input type="checkbox"/> High Protein Low Carb Diet | <input type="checkbox"/> Infomercial Products |
| <input type="checkbox"/> A structured eating program based on nutrient % (i.e. 30-40-30%) | <input type="checkbox"/> Medical Based Weight Loss or Wellness Program |
| <input type="checkbox"/> Powders or Shakes to replace or supplement meals | <input type="checkbox"/> "Just Eating Better" making wiser choices, fruits, and vegetables |
| <input type="checkbox"/> Health Food Stores (fat burners, performance aids, etc.) | <input type="checkbox"/> Your Own Aerobic Exercise Program (biking, walking, etc.) |
| <input type="checkbox"/> Aerobics Classes | |

The Question everyone asks in relation to the above so-called "aids" or "solutions" is...

"Does it work?"

What is the motivation that drives you to want to participate in my program?

What are your goals and expectations of this program?

Do you understand that by following the eating program/workout program to the best of your ability you will yield greater results?

I, _____, understand that by not drinking any alcoholic drinks except for one day per week (cheat day) will yield results at an accelerated rate.

I agree to hold harmless Travis Garza/TLC Fitness, Inc., and all of his employees or agents free from any and all injuries, losses, damages, and liability occurring from my participation in the activity for which I have enrolled. I also agree to be photographed/videotaped and release the use of the photographs/videos for publicity in Travis Garza's 'Fat Loss Camps' and TLC Fitness, Inc.'s publications and other marketing tools.

Signature _____ Date _____

Please fill out both sides

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