



**TRIBE TRANSFER/COMBO**  
**MEMBERSHIP AGREEMENT**  
**AND LIABILITY FORM**

Please fill out COMPLETELY and PRINT CLEARLY

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

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

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Transfer my IN-CAMP Membership to an AT HOME Membership**

\_\_\_\_\_  
(Initial) I understand that I will be required to fulfill any time remaining on any current 6-month contract.

\_\_\_\_\_ I understand that my monthly membership charge amount will change from **\$99 per month to \$79** per month beginning with the next billing period. (current members prior to 2018)

\_\_\_\_\_ I understand that my monthly membership charge amount will change from **\$127 per month to \$99** per month beginning with the next billing period. (current members 2018 to present)

\_\_\_\_\_ I understand that I will be able to join the Edmond Camp workouts at the scheduled class times via the Live Broadcast system, and will not be able to join classes at any of the physical camp locations.

**OR**

**Transfer my AT HOME membership to an IN-CAMP Membership**

\_\_\_\_\_  
(Initial) I understand that I will be required to fulfill any time remaining on any current 6-month contract.

\_\_\_\_\_ I understand that my monthly membership charge amount will change from **\$79 per month to \$99** per month beginning with the next billing period (current members prior to 2018)

\_\_\_\_\_ I understand that my monthly membership charge amount will change from **\$99 per month to \$127** per month beginning with the next billing period. (current members 2018 to present)

\_\_\_\_\_ I understand that I will no longer have electronic access to the Live Broadcast system.

**OR**

**I want a "COMBO" Membership –**

**At Home AND In-Camp access for \$177 per month.**

\_\_\_\_\_  
(Initial) I understand that I will be required to fulfill any time remaining on any current 6-month contract.

NOTE: If you are transferring from an in camp at \$99 or at home membership at \$79 then your price for combo will be \$149.

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

Email your completed form to [membership@travisgarza.com](mailto:membership@travisgarza.com)

Rev. 1/2019

**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:**

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

\_\_\_\_\_ (initial) **CANCELLATION POLICY AND EARLY CANCELLATION PENALTY:** Travis Garza's Fat Loss Camp member **MUST** give **30-day notice of cancellation** by requesting a "Cancellation Form" and e-mailing 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 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](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 \$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.

\_\_\_\_\_ (initial) **TRAVIS GARZA'S FAT LOSS CAMP MEMBER/PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF 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.

\_\_\_\_\_ (initial) I hereby grant Travis Garza's Fat Loss Camp permission to interview me and/or to use my likeness in 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

Version 5/2018

\*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 \_\_\_\_\_