



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

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

_____ I understand that my monthly membership charge amount will change from **\$99 per month to \$79** per month beginning with the next billing period.

_____ 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

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

_____ I understand that my monthly membership charge amount will change from **\$79 per month to \$99** per month beginning with the next billing period.

_____ 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 \$149 per month.**

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

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:

_____ (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 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 the completing the agreed-upon 6 months, a \$50.00 fee for every debit date prior to receiving the Cancellation Form by e-mail will be due and debited immediately. Travis Garza Fat Loss Camp member shall only be liable to Travis Garza's Fat Loss Camp for the lesser of the early cancellation penalty balance or remaining contract balance if the contract was executed to completion date. 30-day money back guarantee is contingent upon receiving an e-mail of cancellation to membership@travisgarza.com within the first 30 days of signing this Agreement. 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: _____