



SMALL GROUP PT APPLICATION FORM

| ABC FITNESS & HEALTH NV | DREAMZ FITNESS BONAIRE | EEG BLVD / PUNT VIERKANT 44 |
| KRALENDIJK | BONAIRE | +599 717 0405 | INFO@DREAMZFITNESS.COM |

PERSONAL DETAILS

FIRST NAME

LAST NAME

MEMBER #

MEMBERSHIP TYPE

TYPE CURRENT

| USD

SMALL GROUP PT (ADD-ON)

| USD 85 PER MONTH

(MAX 5X PER WEEK)

SUMMARY

TOTAL PER MONTH:

PAYMENT METHOD:

PERSONAL TRAINING LIABILITY WAIVER

I hereby affirm that I am voluntarily starting a course of instruction in physical fitness and performance training (The Activity). I am voluntarily participating in the Activity entirely at my own risk.

In full consideration of the risk of injury while participating in the Activity, and for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily participate in this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any kind of risks related to traveling to and from as well as participating the Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness disfigurement, temporary or permanent disability, economic or emotional loss, and death.

I acknowledge that I have carefully read this form and fully understand that it is a release of liability. I expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action for personal injury or property damage.

SIGNATURE

I agree that the information declared above is true and correct and I have read and understand that my rights are limited by this disclaimer.

SIGNATURE

DATE