

# THE 6-WEEK CHALLENGE AGREEMENT

## GENERAL CHALLENGER INFORMATION

For billing questions please contact: [info@vitalhealthlife.com](mailto:info@vitalhealthlife.com)

### CHALLENGER PERSONAL INFORMATION

Name	Rohit Bhatia
Email	rohitbhatia1@gmail.com
Mobile	8394594594
Emergency Name	7894954544
Emergency Number	753345444
Billing Address	53 old address
Billing City	Yoko
Zipcode	53333

### SUBSCRIPTION

#### Deposit Schedule:

**Date:** June 02, 2019 **Amount:** \$169

**Date:** June 22, 2019 **Amount:** \$169

#### AGREEMENT TERMS

6-WEEK CHALLENGE AGREEMENT TERMS ATTENDEE agrees to the following:

1. The \$501 cost of the program will be returned at end of 6 weeks after a successful body transformation or credited for membership.
2. A successful body transformation entails a loss of 25lbs OR 6% body fat (as measured on in- house Omron monitor). If starting BMI is below 28 then the loss of 6% body fat will be the challenge goal. If starting BMI is 28 or above then the loss of 25lbs will be the challenge goal.
3. Attendee must attend a minimum of 2 full workouts per week during the 6-week period. Workout is credited only if checked in on Facebook. Attendee must check in into facility on Facebook AT LEAST 12 times during the 6-week period to qualify for a refund.
4. Attendee must log their weekly weigh-ins into the My Fitness Pal or Better Human App on Monday or Tuesday.
5. Attendee must post pictures to the private Facebook at least once a week of groceries, meals, or cooking ect.
6. Attendee must track macros on My Fitness Pal app daily. Hitting macros is not required.

7. To discourage cheating or unhealthy weight loss, attendee is required to weigh in once per week during the 6 weeks. By the end of the 5th week, you cannot be more than 10lbs or 4% body fat (depending on box checked above) away from your goal to be eligible for the refund.

8. Attendee consents that Vital Health and Impact HP may use any pictures and videos recorded on site for future promotional purposes.

9. Final weigh-in at the end of the challenge shall consist of only ONE measurement on Vital Health's official measuring devices. No multiple attempts are allowed.

10. To be eligible for a refund, attendee must pay off the entirety of the deposit prior to the 5th week of the program. If a payment plan is made, and one or multiple deposits are declined, it is up to attendee to rectify billing. If the full deposit is not received by week 5 of the program, prior partial deposits are forfeited

11. We are here to create a full body transformation, to do so we need full commitment. There will be a \$75 fee for any cancellations before the nutrition consultation except in the three cases listed below.

12. Once the attendee has gone through the nutrition consultation, there is no way of receiving a refund except after the completion of a successful challenge, except in the case of injury, pregnancy, or moving beyond 20mile radius of any associated facility. In the case of the above exceptions, only half of the total required deposit amount shall be returned. Example: in the case that an attendee realizes in their 2nd week that they will be moving residences for work and their current gym location is no longer convenient, \$250 will be kept for all the materials received (nutrition plan, grocery list, online services, accountability group, etc).

#### **Informed Consent Waiver, Release and Hold Harmless Agreement:**

1. In consideration of being allowed to participate in personal fitness assessments, training activities and programs of Vital Health and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Vital Health and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Vital Health or the use of any equipment at various sites, including home, provided by and/or recommended by Vital ealth.

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

4. I understand that Vital Health providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.

5. For my safety, I agree to not consume fat burners, thermogenics or similar supplements/stimulants during the challenge.

Signed: 2019-10-20 07:35:18