
SURVIVOR SPRING CHALLENGE

6 WEEK REMOTE TRAINING CHALLENGE
WITH NUTRITION SURVIVAL HANDBOOK

MAY 18 - JUNE 29, 2020

INSPIRING
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YES! I want to take advantage of Inspiring Bodies SURVIVAL OF THE FITTEST CHALLENGE. Total cost of the program is \$630, each session is \$35. This challenge includes workouts, nutrition, shopping lists, accountability, group bootcamps, AND special prizes! All payments will be accepted via PayPal at the start of the challenge. For those who purchased a Small Business Package, and have not used up all of their sessions, may use their gift card towards this challenge. All 18 sessions must be COMPLETED within the 42 days and will not be extended.

I hereby promise to:

- Workout 3x per week in studio, and do additional low intensity steady state cardio 2-3x per week
- Cancel my appointment 24 hours in advance of training session by calling the studio. Tell my trainer if I am traveling and book appointments in advance within the 6 weeks.
- Be a team player, and help my teammates achieve their goals
- Drink half my bodyweight in ounces every day
- Follow the program as designed to the best of my ability
- Follow the 6 week nutrition survival plan as follows

The SURVIVOR SPRING CHALLENGE will automatically be considered active at time of payment or until cancelled as described in the Cancellation Policy. This training special includes 3 times per week in-studio, to be completed within the 42 days. Failure to comply with program guidelines can result in program termination at any time by INSPIRING BODIES. No refunds shall be issued for any services purchased. This program does not qualify for any guarantee. I hereby grant INSPIRING BODIES permission to interview me and/or to use my likeness in photographs/video in any and all of its publications, and in any and all other media. I will make no monetary or other claim against INSPIRING BODIES for the use of photographs/video. I certify that I have fully read and understand the terms of this agreement and will comply with the contents herein.

Full Name _____

Address _____ Zip _____

Phone _____ Email _____

Client Signature _____ Date _____

Trainer Signature _____ Date _____