



RELEASE OF LIABILITY

Waiver & Contract

I am fully aware that participating in any exercise program can be a potentially dangerous, hazardous activity. I am specifically aware of the potential dangers of participating in the Peaks Coaching Group, Inc. training programs and/or events.

In consideration of my acceptance into the Peaks Coaching Group Inc. training program and/or events, I, the undersigned (parent or guardian if participant is under 18 years of age) intending to be legally bound, do hereby for myself, my heirs, executors, administrators, and assigns, assume any and all risks of participating in said training programs and events, and I hereby waive and release any and all rights and claims for damages I may have against The Peaks Coaching Group, Inc., its representatives, successors, and assigns for any and all injuries, all such risks being known and appreciated by me. I hereby waive and release the above entities, their representatives, employees, successors, and assigns from any and all claims or liabilities of any kind arising out of my participation in said training programs and/or events, even though these claims and liabilities might arise out of the negligence or carelessness on the part of the persons named above. I attest and verify that I am physically fit and prepared for the Peaks Coaching Group Inc. training programs and/or events, and that a licensed medical doctor has verified my physical condition within the last six months.

I hereby assume full responsibility from any injury, including my death occurring while participating in, or as a result of, my participating in the Peaks Coaching Group Inc. training programs and/or events, and hereby release, waive, discharge and covenant not to sue The Peaks Coaching Group, Inc. and its successors, representatives, employees, assigns, or other participants in the Peaks Coaching Group Inc. training programs and/or events from any and all liability to me, my personal representatives, heirs, successors, and assigns for any loss or damage and claim or demands therefore on account of injury to me, including my death, whether caused by their negligence or carelessness in advising me while participating in the Peaks Coaching Group, Inc. training programs and/or events.

_____ Initials



Power Training. Powerful Results!
PEAKS COACHING GROUP

I understand that it is my responsibility to provide both my coach and The Peaks Coaching Group, Inc., 30 days notice in advance of cancellation or suspension (time off) of coaching services, regardless of whether or not I plan to resume services at a later date. I understand I will be charged a full month after I give notification whether I plan to use the coaching services or not. I understand that there are no exceptions made to this policy.

If I plan to resume service with my coach or another Peaks Coaching Group Associate at a later date, I understand that the 30 day notification will still be required. In addition I understand that:

1. There is NO guarantee that my coach will still be available when I return. In the event that my coach is not available, I understand that the Peaks Coaching Group will work with me to match me with a suitable Coach
2. I must pay another start-up fee upon resuming coaching service unless I have met both of the special resumption of service conditions described below.
3. In addition, if, and only if, I have met both of the following special resumption of service conditions, I may be eligible to apply any unused portion of previously paid coaching fees to my first month upon re-joining the coaching group. I will request this special re-joining incentive through my coach and a Peaks Coaching Group Staff member upon notification of suspension.

Special Resumption of Service Conditions:

1. My break in service is less than 60 days.
2. Upon cancellation of service, I have notified my coach and the Peaks Coaching Group of my intentions to resume and provided the date I wish to re-start coaching service.

I agree to pay The Peaks Coaching Group Inc. by the 5th each month, for any services rendered or contracted during/for the period in which I am being coached, trained, helped or consulted based on the rate which has been agreed on by both parties.

Signed _____ Date _____
(signature of parent or guardian for minor)

Name _____ Coach _____

Address _____ Start Date _____

_____ Telephone _____

_____ Email Address _____

PLEASE PRINT FILL OUT COMPLETELY AND CLEARLY

Fax : 540-586-5715