

TODAY'S DATE: _____

AT CAMP OR AT HOME

PRIMARY IN CAMP LOCATION: _____
(REQUIRED)

FOR OFFICE USE ONLY	
SS	MB
FB	PC
PD	AMT

6 WEEK CHALLENGE AGREEMENT

(check one) _____ New Challenger _____ Current Challenger _____ Past Challenger

_____ Check here if you are **rolling over** a deposit from a Previous Challenge (end date) _____

Date of Previous Final Weigh-in _____ Final Weight _____



Name: _____ DOB _____

Are you a current member? **Yes** **No** Monthly Amount _____

Are you on Facebook? **Yes** **No** Facebook Name: _____

Address: _____ City: _____ State _____ Zip _____

Cell Phone: _____ E-mail: _____

Today's Weight: _____ Goal Weight (Today's weight, less 20 lbs): _____

1. _____ **STRAIGHT PAY ONLY** - \$198 Non Refundable for members and non-members with no requirements. Please skip to Automatic Payment Authorization and fill out the rest of the form.

(Initial #2-13 if doing Full \$347 Refundable Challenge)

2. _____ This 6 Week Challenge requires a \$347 down payment (the 'commitment deposit') which will be returned at the end of 6 weeks after a successful body transformation. If you are a current member, we will adjust your commitment deposit by subtracting 6 weeks of your membership payment from your commitment deposit. Your monthly membership payments will continue.

3. _____ This 6 Week Challenge requires an initial supplement package for **NEW In Camp Challengers of \$155 & NEW At Home Challengers of \$168.95** including shipping. (At Home-supplements will be shipped to address above & charged by MyoSculpt Sports Nutrition)

4. _____ A successful body transformation entails 20 pounds of weight lost. (On OUR company's scale.)

5. _____ I reserve the right to terminate your agreement for lack of compliance. If you do not comply with the program. (e.g. miss workouts, do not follow nutrition and supplementation plan as outlined in this event, I will NOT issue a refund.)

T-Shirt Size _____

Referred by _____

Protein Supplement Flavor (check one)

- Chocolate Vanilla Strawberry
- Cinnamon Roll Choc. Peanut Butter
- Salted Carmel Cookies & Cream

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6. _____ You understand that you must complete five (5) days of Travis Garza workouts per week (Camp, Digital Workout, Butt & Thigh, AAA Classes or Elite Training) and that each day you must check-in and tag Travis on Facebook and write a short sentence.

7. _____ You must weigh-in from camp on Mondays and at home on Thursdays. On Thursdays you will text a picture of your toes on the scale to 405-318-1962. (At Home Challengers will text their weight on both days.)

8. _____ Photos and videos are regularly taken during workout sessions to be used to inspire others and encourage a healthy lifestyle. All photos and videos are displayed on social media outlets to motivate others to work hard to achieve their goals. As such, all members agree to allow their pictures and videos to be posted to social media outlets.

9. _____ You must change your Facebook profile picture to the 6 Week Challenge t-shirt picture for the entire 6 Week Challenge.

10. _____ The meal plan that you will receive belongs to Travis Garza and TLC Fitness. It is **NOT** to be shared with anyone. If we discover that you have distributed or shared the meal plan, you will be removed from the Challenge and will **NOT** receive a refund.

11. _____ I believe my clients are my best advertisement. I strive to do everything in my power to push my clients to be their best. By initialing, you agree to let me push and motivate you the best way I know how.

12. _____ If you are a returning 6 Week Challenger within the past 12 months, your starting weight for this Challenge will be your most recent final weigh-out weight plus 5 pounds if you weigh more than your previous final weigh in weight.

13. _____ WE ONLY WANT TO WORK WITH MOTIVATED “A” PLAYERS – not talkers or pretenders. BY SIGNING AND INITIALING this agreement, there is NO backing out or cancellation!!! The \$347 is non-refundable FOR ANY REASON. If you have any hesitations, do us both a favor and DO NOT ENROLL.

AUTOMATIC PAYMENT AUTHORIZATION:

I, _____ hereby authorize **Travis Garza's “Fat Loss Camp”** to charge my credit card or debit card any and all payments as indicated below. I further authorize my credit card company or bank to make payment to Travis Garza’s “Fat Loss Camp” by the method indicated below and to post it on my account.

Name on Card (*please print*): _____

Billing Address: _____ or Same as above? _____

Card Number: _____

Expiration Date: ____/____/____ CVV#: _____

I agree to hold harmless Travis Garza/TLC Fitness, Inc., and all of his employees or agents free from any and all injuries, losses, damages, and liability occurring from my participation in the activity for which I have enrolled. I also agree to be photographed/videotaped and release the use of the photographs/videos for publicity in **Travis Garza’s ‘Fat Loss Camps’** and TLC Fitness, Inc.’s publications and other marketing tools.

Signature: _____ Date: _____

**Why you MUST drink a protein drink twice a day!
This is NOT an option on this program**

1. Possesses the highest Thermal Effect of Feeding of any nutrient. Translated: EATING protein actually burns calories because protein requires more energy to digest than any other nutrient.
2. Helps offset the negative effects of insulin by stimulating the release of Antagonistic Hormone Glucagon. Translated: Ample protein intake makes carbohydrates much less likely to affect your waist line.
3. Protein is critically important to building, repairing, and maintaining lean muscle tissue. You are NOT getting enough protein through your diet alone... I promise you!

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

NO ALCOHOL CONTRACT

I _____, understand
(print name)
that if I drink ANY alcohol during the 6 Week Challenge I
will be removed from the program without a refund.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

TODAY'S DATE: _____

AT CAMP OR AT HOME

PRIMARY IN CAMP LOCATION: _____ (REQUIRED)



Health Evaluation

Name _____ Date of Birth _____ Sex _____
Height/Weight _____ Email _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Relationship _____ Phone _____

Health History Questionnaire

- Have you exercised in the past 6 months? _____
- Type of Exercise _____
- Are you dieting? _____
- Nutritional Knowledge?
High ___ Medium ___ Low ___
- _____ Packs of cigarettes smoked per week?
- _____ Alcoholic beverages consumed per week?
- _____ Cups of coffee consumed per day?
- _____ Cans of cola drinks consumed per day?
- Indicate any disease or illness you have
 Asthma
 Allergies
 Arthritis
 Abnormal or Positive Exercise Stress Test
 Back Condition
 High Blood Pressure
 Low Blood Pressure
 Bursitis
 Fatigue
 Joint Pain
 Ulcers
 Heart Condition
 Hemorrhoids
 Hernia
 Nervous Tension
 Sinus
 Varicose Veins
 Shortness of Breath
 Other _____
- Are you currently taking medication?
Specify what type _____
_____ Dosage _____
- When was your last physical exam? _____
- Physician's Name & Phone Number

- Have you had a stress test? _____
- Cholesterol HDL _____ LDL _____ Total _____
- Have you ever been hospitalized? _____
For _____
- Are you pregnant? _____
- Do you smoke or have you ever smoked or used smokeless tobacco for a total of 10 years? _____
- Do you have or have you ever had?
 Heart Attack or Heart Trouble
 Chest Pain or Angina Pectoris
 Coronary Bypass or Angioplasty
 Abnormal or Positive Exercise Stress Test
 Musculoskeletal Limitations
 Difficulty Breathing/Shortness of Breath
 Arthritis/Rheumatism
 Knee Problems
 A Chronic recurrent or morning cough
 Any episode of coughing up blood
 Increased anxiety or depression
 Swollen, stiff or painful joints
 Back Pain (herniated or ruptured disc)
 Shoulder Pain
 Surgery
 Heart Murmur
 Irregular Heart Beat or Rhythm
 High Blood Pressure over 145/95
 Impaired Circulation
 Stroke
 Convulsions or Loss of Consciousness
 Diabetes Mellitus
 High Blood Cholesterol Level

Version 5/2018

Please fill out both sides

What Works?

Check off any of the methods or techniques you've used in previous attempt to change your body:

- | | |
|---|--|
| <input type="checkbox"/> Calorie Restrictive Diet | <input type="checkbox"/> OTC Pills for Weight Loss Help or Appetite Suppression |
| <input type="checkbox"/> Weight Loss Drug (i.e. Phen-fen, Redux,, Meridia) | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Low Fat Diet | <input type="checkbox"/> Exercise at Home (videos, step, etc) |
| <input type="checkbox"/> High Protein Low Carb Diet | <input type="checkbox"/> Infomercial Products |
| <input type="checkbox"/> A structured eating program based on nutrient % (i.e. 30-40-30%) | <input type="checkbox"/> Medical Based Weight Loss or Wellness Program |
| <input type="checkbox"/> Powders or Shakes to replace or supplement meals | <input type="checkbox"/> "Just Eating Better" making wiser choices, fruits, and vegetables |
| <input type="checkbox"/> Health Food Stores (fat burners, performance aids, etc.) | <input type="checkbox"/> Your Own Aerobic Exercise Program (biking, walking, etc.) |
| <input type="checkbox"/> Aerobics Classes | |

The Question everyone asks in relation to the above so-called "aids" or "solutions" is...

"Does it work?"

What is the motivation that drives you to want to participate in my program?

What are your goals and expectations of this program?

Do you understand that by following the eating program/workout program to the best of your ability you will yield greater results?

I, _____, understand that by not drinking any alcoholic drinks except for one day per week (cheat day) will yield results at an accelerated rate.

I agree to hold harmless Travis Garza/TLC Fitness, Inc., and all of his employees or agents free from any and all injuries, losses, damages, and liability occurring from my participation in the activity for which I have enrolled. I also agree to be photographed/videotaped and release the use of the photographs/videos for publicity in Travis Garza's 'Fat Loss Camps' and TLC Fitness, Inc.'s publications and other marketing tools.

Signature _____ Date _____

Please fill out both sides