Elite Health & Fitness Training, Inc. Client Portfolio- Yoga

Personal Contact Information

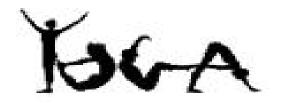
Name:	Date:
Age: DOB:	
Street Address:	
City:	State: ZIP Code:
Home Phone:	Work Phone:
Cell Phone:	Fax:
E-Mail for yoga class updates only (Please Pr	int Clearly):
How often do you check your email? Daily	Every couple days Weekly Rarely
Billing Information - Please select a billi	ng option below
Laurel Creek C.C. members must bill their cl	ub account number:
I am not a Laurel Creek C.C. Member:	
What is the name of the member you a	are a guest of:
-OR-	via email rather than through US Mail? Yes No
-	mber's club account number:
L.C.C.C. member's signature approving billir	ng to their account:
Emergency Contact Information	
Name:	Relation:
Telephone: (Day)	(Evening)
How did you find out about Laurel Creek Co	untry Club's Yoga Classes?

Elite Health & Fitness Training, Inc.

Agreement of release and waiver of liability

I, ______, hereby agree to the following:

1.	I am participating in the health & fitness classes, programs and/or workshops offered by Elite Health & Fitness Training, Inc., during which I will receive information and instructions about health & fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2.	I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the health & fitness classes, programs and/or workshops. I represent and warrant that I am physically fit and I have no medical condition(s), which would prevent my full participation in the health & fitness classes, programs and/or workshops offered by Elite Health & Fitness Training, Inc.
3.	In consideration of being permitted to participate in the health & fitness classes, programs and/or workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of participation.
4.	In further consideration of being permitted to participate in the health & fitness classes, programs and/or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Elite Health & Fitness Training, Inc. for any injuries or damages that I may sustain as a result of participation.
I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. Signature of participant:	
Date:	
	OR
As lega above 1	al guardian of (Please Print),, I consent to the terms and conditions.
Date: _	
Signatı	are of parent/guardian of participant:



Yoga Class Pricing

Laurel Creek Country Club Classes

\$12.00 per class per person for L.C.C.C. Members* \$15.00 per class per person for Non-L.C.C.C. Members

*Classes taken at L.C.C.C. will be billed directly to your club account for all L.C.C.C. Members **Classes taken at L.C.C.C. by Non-L.C.C.C. Members will be billed monthly to your home.

Private In-Home Classes**

One-On-One Private Yoga Class: \$55.00 2 Person Private Yoga Class: \$36.00 per person 3 Person Private Yoga Class: \$28.00 per person 4 Person Private Yoga Class: \$23.00 per person 5+ Person Private Yoga Class: \$20.00 per person

*Private In-Home classes will be billed monthly by Elite Health & Fitness Training

Yoga Equipment Price List

Tapas® Yoga Mat: \$20.00

4" Yoga Block: \$12.00

6' Stretching Strap: \$8.00

Please Make Yoga Equipment Checks Payable To: "Scott Shelley"

Thank You!