



# CAMP KEYSTONE FITNESS

## Registration Application

Promotion Code \_\_\_\_\_

### Personal Information

Full Name \_\_\_\_\_ Work Phone(\_\_\_\_)\_\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

### Programs Options

Full Membership	Online Nutrition	Lifestyle Consulting	Private Fitness
Month-to-Month	Month-to-Month	1 Session 4 Sessions 8 Sessions 12 Sessions	1 Session 4 Sessions 8 Sessions 12 Sessions
<b>Prepay</b> 2 Months 3 Months	<b>Prepay</b> 2 Months 3 Months		
<b>*6-Month Membership</b>	<b>*6-Month Membership</b>		

\*All Monthly memberships require a 30-day written notification for cancellation  
**3 Day Money Back Guarantee!**

### How did you hear about Camp Keystone Fitness?

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We would like to reward the person who sent you our way!

### Who else would benefit from a **FREE** week of classes and online nutrition?

Name _____	E-mail _____	Phone _____
Name _____	E-mail _____	Phone _____
Name _____	E-mail _____	Phone _____

For every referral you send our way, we will give you an additional 20% off your next membership fee!

### Shall we sign up?

**Membership** \_\_\_\_\_ ( Full or Nutrition Only)

**Lifestyle Coaching** \_\_\_\_\_

**Private Fitness** \_\_\_\_\_

**Total** \_\_\_\_\_

**# of Days/Week**  
\_\_\_\_\_



# CAMP KEYSTONE FITNESS

## Client Agreement and Liability Release

Applicable to Current and Future Fitness Programs Unless Otherwise Noted

1. In consideration of being authorized to participate in the activities of Camp Keystone Fitness and Keystone Group, Inc. and to use its equipment, I do hereby waive, release and forever discharge Camp Keystone Fitness and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executives and all other parties from any and all responsibilities of liability from injuries or damages resulting from my participation in any activities or my use of equipment in the aforementioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or in connection with my participation in any activities of Camp Keystone Fitness and Keystone Group, Inc..

If you understand and agree to the abovementioned conditions, please initial here \_\_\_\_\_

2. I understand and am aware that physical strength, flexibility, aerobic and anaerobic exercise, in addition to the use of any equipment and facilities associated with Camp Keystone Fitness and Keystone Group, Inc. are potentially hazardous activities. I also understand that by participating in fitness activities I assume the risk of injury and even death, and I am voluntarily participating in these activities and the use of facilities and equipment with the knowledge of all dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death.

If you understand and agree to the abovementioned conditions, please initial here \_\_\_\_\_

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 or use of equipment except as hereinafter stated. I do hereby acknowledge that I have been informed of the need of a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended I have an annual or more frequent physical examination and consultation with my physician as to my fitness to participate in Camp Keystone Fitness and Keystone Group, Inc. activities and use of exercise and training equipment and facilities. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate in Camp Keystone Fitness and Keystone Group, Inc. activities, or that I have decided to participate in activities and the use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and utilization of equipment and machinery in my activities.

If you understand and agree to the abovementioned conditions, please initial here \_\_\_\_\_

4. I understand that after the third day of membership my payment will not be refunded in the event that I become unable or unwilling to participate in Camp Keystone Fitness and Keystone Group, Inc. activities. I understand that because class size is limited, refunds are not offered for any reason.

If you understand and agree to the abovementioned conditions, please initial here \_\_\_\_\_

5. I understand that this Client Agreement and Liability Release form pertains to this Camp Keystone Fitness and Keystone Group, Inc. sessions and any session thereafter unless otherwise noted.

If you understand and agree to the abovementioned conditions, please initial here \_\_\_\_\_

I, \_\_\_\_\_, have read, understand and have answered the above questions fully and truthfully. I am aware of my responsibility to consult with a physician regarding my medical fitness to engage in a strenuous exercise program.

Signature \_\_\_\_\_ Date \_\_\_\_\_



1. NOT ALL NUTRITION OR EXERCISE PROGRAMS ARE SUITABLE FOR EVERYONE. THE MATERIAL IN THE VITABOT WEBSITE IS PROVIDED FOR EDUCATIONAL AND INFORMATIONAL PURPOSES ONLY AND IS NOT INTENDED AS MEDICAL ADVICE. THE INFORMATION CONTAINED IN THIS WEBSITE SHOULD NOT BE USED TO DIAGNOSE OR TREAT ANY ILLNESS, METABOLIC DISORDER, DISEASE, OR HEALTH PROBLEM. ALWAYS CONSULT YOUR PHYSICIAN OR HEALTH CARE PROVIDER BEFORE BEGINNING ANY NUTRITION OR EXERCISE PROGRAM. USE OF THE PROGRAMS, ADVICE, AND INFORMATION CONTAINED IN THIS WEBSITE IS AT THE SOLE CHOICE AND RISK OF THE READER.

2. SERVICES PROVIDED. VITABOT OPERATES AN ONLINE, COMPUTERIZED INTERACTIVE INFORMATION, COMMUNICATION AND TRANSACTION SYSTEM (THE "SYSTEM") WHICH PROVIDES ACCESS TO A VARIETY OF NUTRITIONAL INFORMATION. VITABOT WILL PROVIDE TO CUSTOMER THE SERVICES (THE "SERVICES"). THE TERM "CUSTOMER" SHALL, WHEN THE CONTEXT PERMITS, INCLUDE CUSTOMER'S OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS.

3. DISCLAIMER OF WARRANTY. CUSTOMER EXPRESSLY AGREES THAT USE OF THE SERVICES AND THE SYSTEM AND THE MATERIAL THEREIN AND STORAGE OF INFORMATION WHICH APPEARS IN THE SYSTEM IS AT CUSTOMER'S SOLE RISK. THE SERVICES AND THE SYSTEM ARE PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF TITLE OR NONINFRINGEMENT OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE OTHER THAN THOSE WARRANTIES WHICH ARE IMPLIED BY AND INCAPABLE OF EXCLUSION, RESTRICTION OR MODIFICATION UNDER THE LAWS APPLICABLE TO THIS AGREEMENT. NO ADVICE OR INFORMATION GIVEN BY VITABOT, ITS CONTRACTORS, AGENTS, AFFILIATES OR VENDORS OR THEIR RESPECTIVE EMPLOYEES SHALL CREATE A WARRANTY.

4. INDEMNITY. CUSTOMER AGREES TO DEFEND, INDEMNIFY AND HOLD VITABOT, ITS AFFILIATES, CONTRACTORS, AGENTS, VENDORS AND THEIR RESPECTIVE EMPLOYEES HARMLESS FROM ANY AND ALL LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, RELATED TO OR ARISING FROM: (A) ANY VIOLATION OF THIS AGREEMENT BY CUSTOMER, (B) THE USE OF THE SYSTEM OR THE INTERNET OR THE PLACEMENT OR TRANSMISSION OF ANY MESSAGE, INFORMATION OR OTHER MATERIALS ON THE SYSTEM OR THE INTERNET BY CUSTOMER, (C) ACTS OR OMISSIONS OF CUSTOMER IN CONNECTION WITH THE CONSTRUCTION, INSTALLATION, MAINTENANCE, PRESENCE, USE OR REMOVAL OF SYSTEMS, CHANNELS, OR TERMINAL EQUIPMENT OR SOFTWARE NOT PROVIDED BY VITABOT WHICH ARE CONNECTED OR ARE TO BE CONNECTED TO THE SYSTEM; AND (D) CLAIMS FOR INFRINGEMENT OF PATENTS ARISING FROM THE USE OF EQUIPMENT AND SOFTWARE, APPARATUS AND SYSTEMS NOT PROVIDED BY VITABOT IN CONNECTION WITH THE SERVICES AND THE SYSTEM.

5. RIGHT TO RESTRICT ACCESS. VITABOT MAY DENY CUSTOMER ACCESS TO ALL OR PART OF THE SYSTEM WITHOUT NOTICE IF CUSTOMER ENGAGES IN ANY CONDUCT OR ACTIVITIES THAT VITABOT IN ITS SOLE DISCRETION BELIEVES VIOLATES ANY OF THE TERMS AND CONDITIONS IN THIS AGREEMENT. IF VITABOT DENIES CUSTOMER ACCESS TO THE SYSTEM BECAUSE OF SUCH A VIOLATION, THE CUSTOMER SHALL HAVE NO RIGHT (1) TO ACCESS THROUGH VITABOT ANY MATERIALS STORED ON THE SYSTEM, (2) TO OBTAIN ANY CREDIT(S) OTHERWISE DUE TO CUSTOMER, AND SUCH CREDIT(S) WILL BE FORFEITED, (3) TO ACCESS THIRD PARTY SERVICES, MERCHANDISE OR INFORMATION ON THE SYSTEM THROUGH VITABOT, AND VITABOT SHALL HAVE NO OBLIGATION TO NOTIFY ANY THIRD-PARTY PROVIDERS OF SERVICES, MERCHANDISE OR INFORMATION NOR ANY RESPONSIBILITY FOR ANY CONSEQUENCES RESULTING FROM LACK OF NOTIFICATION OR RESTRICTION OF CUSTOMER'S ACCESS.



# CAMP KEYSTONE FITNESS

## Online Nutrition Agreement Continued Applicable to Current and Future Fitness Programs Unless Otherwise Noted

6. SECURITY. ACCESS TO THE SYSTEM, AND TO CERTAIN ONLINE TRANSACTIONS INVOLVES THE USE OF IDENTIFICATION NUMBERS, PASSWORDS, CHARGE OR DEBIT ACCOUNTS OR OTHER INDIVIDUALIZED NONPUBLIC INFORMATION ("PRIVATE DOCUMENTATION"). CUSTOMER SHALL USE ITS BEST EFFORTS TO PREVENT UNAUTHORIZED USE OF THE SYSTEM OR OF ANY PRIVATE DOCUMENTATION, AND SHALL PROMPTLY REPORT TO VITABOT ANY SUSPECTED UNAUTHORIZED USE OR OTHER BREACH OF SECURITY. CUSTOMER SHALL BE RESPONSIBLE FOR ANY UNAUTHORIZED USE OF ITS IDENTIFICATION NUMBERS OR

PASSWORDS UNTIL VITABOT RECEIVES WRITTEN NOTICE OF A BREACH OF SECURITY AND A REQUEST TO BLOCK FURTHER ACCESS FOR SUCH NUMBERS AND PASSWORDS. VITABOT SHALL NOT BE LIABLE FOR ANY UNAUTHORIZED USE OF CHARGE, DEBIT OR OTHER CREDIT ACCOUNTS.

7. TERM AND TERMINATION. THIS AGREEMENT SHALL BE AUTOMATICALLY RENEWED FOR SUCCESSIVE ONE-MONTH PERIODS, UNTIL CANCELED BY CUSTOMER. VITABOT SHALL HAVE THE RIGHT TO TERMINATE THIS AGREEMENT IMMEDIATELY IN THE EVENT OF A BREACH OF ANY OF ITS TERMS BY CUSTOMER OR WITHOUT CAUSE.

8. ENTIRE AGREEMENT; GUIDELINES. ALL PRIOR OR CONTEMPORANEOUS AGREEMENTS, CONTRACTS, PROMISES, REPRESENTATIONS, IF ANY, BETWEEN THE PARTIES OR THEIR REPRESENTATIVES RELATED TO THE SUBJECT MATTER OF THIS AGREEMENT ARE MERGED INTO THIS AGREEMENT AND THE APPLICATION FORM(S). THESE TERMS AND CONDITIONS, ALONG WITH ANY OPERATING RULES OR GUIDELINES PUBLISHED OVER THE SYSTEM BY VITABOT, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN VITABOT AND CUSTOMER WITH RESPECT TO THE SERVICES. NO AMENDMENT TO THIS AGREEMENT SHALL BE EFFECTIVE UNLESS ACKNOWLEDGED IN WRITING BY VITABOT. CUSTOMER AGREES TO COMPLY WITH VITABOT'S OPERATING RULES AND GUIDELINES, WHICH MAY BE AMENDED FROM TIME TO TIME AT VITABOT'S SOLE DISCRETION.

9. GOVERNING LAW; JURISDICTION AND VENUE. THIS AGREEMENT SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF MARYLAND, EXCLUSIVE OF CHOICE OF LAW RULES. VENUE FOR ANY ACTION ARISING OUT OF OR IN MARYLAND WITH THIS AGREEMENT SHALL BE IN PRINCE GEORGE'S COUNTY, MARYLAND. THE PARTIES EACH HEREBY CONSENT TO THE JURISDICTION AND VENUE IN PRINCE GEORGE'S COUNTY AND WAIVE ANY OBJECTIONS TO SUCH JURISDICTION AND VENUE.

10. ENFORCEABILITY. IF ANY PORTION OF THIS AGREEMENT IS WHOLLY OR PARTIALLY UNENFORCEABLE, FOR ANY REASON, SUCH UNENFORCEABILITY SHALL NOT AFFECT THE BALANCE HEREOF.

11. ASSIGNMENT. CUSTOMER MAY NOT ASSIGN ITS RIGHTS OR OBLIGATIONS UNDER THIS AGREEMENT WITHOUT THE PRIOR WRITTEN CONSENT OF VITABOT, WHICH MAY BE WITHHELD IN VITABOT'S SOLE DISCRETION.

12. NO WAIVER. VITABOT'S FAILURE TO INSIST UPON OR ENFORCE ANY PROVISION OF THIS AGREEMENT SHALL NOT BE CONSTRUED AS A WAIVER OF ANY PROVISION OR RIGHT.

13. WRITTEN AGREEMENT. THIS AGREEMENT (AND ANY AMENDMENTS HERETO) REPRESENTS A BINDING WRITTEN CONTRACT, WHETHER EXECUTED BY EACH PARTY ON PAPER OR ACCEPTED BY ELECTRONIC COMMUNICATION.

I, \_\_\_\_\_, have read, understand and have answered the above questions fully and truthfully. I am aware of my responsibility to consult with a physician regarding my medical fitness to engage in a strenuous exercise program.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CAMP KEYSTONE FITNESS

## Photo/Video Consent Form

Applicable to Current and Future Fitness Programs Unless Otherwise Noted

I, \_\_\_\_\_ (print name), hereby grant Keystone Group Inc. permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Keystone Group Inc, in perpetuity, and for other use by the Keystone Group Inc. I will make no monetary or other claim against Keystone Group Inc. for the use of the interview and/or the photograph(s)/video.

I, \_\_\_\_\_, have read, understand and have answered the above questions fully and truthfully. I am aware of my responsibility to consult with a physician regarding my medical fitness to engage in a strenuous exercise program.

Signature \_\_\_\_\_ Date \_\_\_\_\_