



# Application for Semi-Private Training

Date: \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_

Athlete's Age \_\_\_\_\_ Athlete's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Athlete's Grade in School \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Number \_\_\_\_\_ Relationship \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's email \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's email \_\_\_\_\_

Athlete's Cell (if older than 18) \_\_\_\_\_ Athlete's e-mail \_\_\_\_\_

Athlete's Primary Sport \_\_\_\_\_ Athlete's Position(s) in Primary Sport (in order) \_\_\_\_\_

Secondary Sport(s) \_\_\_\_\_ Position(s) in Secondary Sport(s) \_\_\_\_\_

How did you hear about the Program? \_\_\_\_\_ Referral Name (if any) \_\_\_\_\_

Briefly describe the Athlete's goals: \_\_\_\_\_

In regards to the athlete's previous Speed/Strength training experience (please chose all that apply):

\_\_\_\_\_ No experience in Speed/Strength training \_\_\_\_\_ Have done other formal Speed training programs  
\_\_\_\_\_ Have done other formal Strength training programs \_\_\_\_\_ No formal training, but works out on own

Please provide some further details in regards to the athlete's training history: \_\_\_\_\_

Has the athlete suffered any injuries that we should know about and/or do they suffer from any conditions (such as asthma, heart conditions, etc.) that we should be aware of (please describe in detail & attach another sheet if need be)?

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If athlete is over 18 years of age)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If athlete is under 18 years of age)

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# Participant Contract

If accepted for training, I agree to adhere to the rules and regulations of the Gottlieb Center for Fitness. Unless I separately sign-up for a Gottlieb membership, I realize that I am only allowed to enter and use the facility for my scheduled sessions.

I understand that Thurman Hendrix may not always be the coach at, and leading every session. The session will be cancelled in the event that Thurman cannot find a suitable replacement. He will attempt to contact you beforehand, but due to unforeseen circumstances, this could also happen without notice.

I also agree to inform my performance coach of any injury, illness, or condition that arises after the time of this signing.

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If athlete is over 18 years of age)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If athlete is under 18 years of age)

## Waiver of Liability, Release of Claims, and Emergency Contact

I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participation in any and all activities with or associated with such training. I hereby release, waive, discharge and covenant not to sue the Gottlieb Center for Fitness, its owners, operators, volunteers, interns, Thurman Hendrix, and other employees (hereinafter referred to as releasees) from all liability to the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premise or any facilities, equipment, programs, therein.

I agree to waive and relinquish all claims I may have as a result of participating in training sessions against the releasees. I hereby release and discharge the releasees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the training sessions. This includes training sessions that I may also be instructed to perform later on my own. I understand that I should not perform any exercise on my own that I do not fully understand or feel comfortable with. I also understand that I should not push myself to limits beyond what I feel comfortable in doing.

I further agree to indemnify and hold harmless and defend the Gottlieb Center for Fitness, its owners, operators, volunteers, interns, Thurman Hendrix, and other employees from any and all claims resulting from injuries damages and losses sustained by me whether caused by the negligence of the releasees and/or arising out of, connected with, or in any way associated with the activities of the training sessions.

### EMERGENCY CONTACT

In the event of an illness, injury, or medical emergency arising during the course of the training sessions, I hereby authorize and give my consent to the releasees to secure any treatment deemed necessary for my immediate care at Gottlieb Memorial Hospital.

**I have read and fully understand the above Waiver, Release of Claims, and Emergency Contact information. Participant and/or their legal guardian (if participant is under the age of 18) must sign below.**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If athlete is over 18 years of age)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If athlete is under 18 years of age)

## Promotional Release

If accepted for training, I give Gottlieb/Loyola and Thurman Hendrix (and his company "Neurobody Performance, Inc.") permission to publish in print, electronic, or video format the likeness or image of myself. I agree that these images may be used for a variety of purposes and that these images may be used without further notifying me. I release all claims with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I also understand that images will not be promoted in a manner that will jeopardize my NCAA or high school eligibility.

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If athlete is over 18 years of age)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If athlete is under 18 years of age)

# Card on File for Automated Billing

**All athletes performing semi-private sessions must have a credit card linked to their account for automated billing.**

## Total Performance Sessions:

- Current pricing and terms can be found online by visiting [www.ThurmanHendrix.com](http://www.ThurmanHendrix.com). Pricing and terms may change at any time.
- If you are a new athlete and not currently enrolled in Straight Speed sessions, Gottlieb will run your card and you will pay for your first session upfront. After that, your card will only be charged once per billing period based on the previous four to five weeks (depending on how the calendar lands). The first Sunday of every month will be the start of a new billing cycle.
- You will be emailed at Statement of Charges at the end of every billing cycle describing your activity and the amount that your card will be charged by Gottlieb.
- For athletes also actively attending Straight Speed sessions... The Straight Speed sessions are separate and are **NOT** included in the cost structure of the Total Performance sessions. You will receive one Statement of Charges (via email) per billing period with separate line items.
- **Cancellation Policy (for you):** You must cancel by 10 PM of the night prior to a confirmed scheduled session. You may do so by sending Thurman Hendrix either an email ([thurman@thurmanhendrix.com](mailto:thurman@thurmanhendrix.com)) or a voicemail or text (630-363-6003). If you do not leave a message by 10 PM of the night prior to a confirmed scheduled session you will be charged \$15 (+ \$5 for each additional sibling scheduled for that particular session).
- **Cancellation Policy (for Thurman Hendrix):** Thurman must cancel by 10 PM of the night prior to a confirmed scheduled session by sending either an email, voicemail, or text. If he does not leave you a message by 10 PM of the night prior to a confirmed scheduled session your account will be credited \$25 per family.

## Straight Speed Sessions:

- Current pricing and terms can be found online by visiting [www.ThurmanHendrix.com](http://www.ThurmanHendrix.com). Pricing and terms may change at any time.
- If you are a new athlete and not currently enrolled in Total Performance sessions, Gottlieb will run your card and you will pay for your first session upfront. After that, your card will only be charged once per billing period based on the previous four to five weeks (depending on how the calendar lands). The first Sunday of every month will be the start of a new billing cycle.
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- **Cancellation Policy (for Thurman Hendrix):** Thurman must cancel by 10 PM of the night prior to a confirmed scheduled session by sending either an email, voicemail, or text. If he does not leave you a message by 10 PM of the night prior to a confirmed scheduled session your account will be credited \$25 per family.

It is your responsibility to update your card on file if it changes in the future. All accounts delinquent by more than 15 days past the invoice date will be charged a \$25 late fee. Please contact Thurman directly if you feel that any of the charges are incorrect. He can be reached by email at [Thurman@ThurmanHendrix.com](mailto:Thurman@ThurmanHendrix.com) or by phone at 630-363-6003.

### Monthly Payment Plan Authorization:

Date: \_\_\_\_\_

Athlete's Name \_\_\_\_\_

Email address of where to send the monthly invoice \_\_\_\_\_

This email address belongs to \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship to Athlete

I request that my monthly bill be charged to the following credit card (please check one):

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ (3 Digit) Card Security Code \_\_\_\_\_

Cardholder's Billing Zip Code \_\_\_\_\_

Full Name on Card (Please Print) \_\_\_\_\_

### Authorization Agreement

I authorize the Gottlieb Center for Fitness to charge my card for any outstanding balances as described and set forth above.

Cardholder's Signature \_\_\_\_\_