



Coaching Registration Form and Agreement

INSTRUCTIONS: Please completely fill-in the application to the best of your ability.
Please use additional paper if necessary. Fax or mail this form to Life Time Endurance for processing. Upon receipt, your coach will be in contact with your to arrange for an initial consultation within 48 hours.

FAX: 952-562-0370
ADDRESS: Life Time Endurance 19840 Graystone Road, White Hall, MD 21161
PHONE (Toll Free): 1-866-770-1584

Contact Information

Name: _____ LTF Member: Y N Member ID: _____
Work Phone: () _____ Home Phone: () _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

Personal Profile Information

Male Female Dob: _____ Occupation: _____ Avg. Hours Worked Per Week: _____
Children: _____ Ht: _____ Wt: _____ Body Fat %: _____ (if known)
Lactate Threshold: _____ (if known) Watts At Threshold: _____ (if known)
Please Describe Your Personality _____

Training Information

Sport you are training for: _____ years competing: _____
Describe your experience in this sport: _____
List your strengths: _____
List your weaknesses: _____
List area where you would most like to improve: _____
Describe your training program over the past 6 weeks (use additional paper if necessary): _____

Best time in your sport: _____
Have you been coached before? If so, using what method or program?: _____

List any group workouts you currently participate in: _____

What should your coach know about you in order to be most effective in coaching you? _____

What is the terrain and conditions in your area? Hilly? Flat? Windy? Please Describe: _____

Coaching Information

You are training for: Triathlon Cycling Running General Fitness

Name the coach of your choice: _____ (leave blank if you'd like a coach assigned to you).

When do you wish to begin your program? _____

Goal Information

What is your key ('a' priority) event(s) (date) and your goal time: _____

What events do you anticipate using as preparation for your 'a' priority event?: _____

What are your athletic goals 1 year from now? 3 Years from now? 5 Years from now?: _____

Medical Information

Do you have any allergies? _____ If yes, please explain: _____

Do you take any medications that may effect your training? _____ If yes, please explain: _____

Do you have any medical conditions or other injuries that your coach should be aware of when prescribing your training plan? _____ If yes, please explain: _____

Have you had a recent check up from your doctor and have you been given the OK to participate in strenuous endurance training for competition? _____

CANCELLATION POLICY

Cancellation Within 3 Days or Before First Service. I may obtain a refund of any amount I have paid under this Agreement if I cancel it within three (3) business days of my registration date or before the first session, whichever is later.

Cancellation After First Session. Once the first session (after the 3-day window to cancel) has occurred, I may cancel this Agreement at any time, but all payments I have made to or that have been processed by LTF prior to its receipt of my written cancellation notice are nonrefundable. To cancel this Agreement, I will contact Life Time Fitness, Inc. (info@lifetimedurance.com) at least 10 days prior to my next billing cycle. I agree that I must pay for all lessons scheduled within the 30 days after LTF's receipt of my Cancellation Request form, including by a supplemental point-of-sale payment for those lessons (at a rate of ¼ of my Monthly Lesson Fee/lesson) that occur after the first of the month in which LTF has stopped my recurring Lesson Fee. If I live in Illinois or Virginia, I also have other rights set forth below, which rights apply to me in the event of any inconsistency with this provision.

WAIVER

There is inherent risk of injury, whether caused by me or someone else, while participating in endurance sports training and in the use of or presence at a Life Time Fitness center, the use of Life Time Fitness' equipment and services, and participation in this or any other Life Time Fitness' programs. I understand that sports training and endurance is an extreme test of a person's physical and mental limits and carries with it the potential of for death or serious injury. This risk includes, but is not limited to (a) injuries arising from the use of any of the Life Time Fitness' centers or equipment, including any accidental or "slip and fall" injuries; (b) injuries arising from participation in supervised or unsupervised activities and programs within a Life Time Fitness center, to the extent sponsored or endorsed by Life Time Fitness; (c) injuries arising from participation in supervised or unsupervised activities and programs recommended by a Life Time Fitness endurance coach; (d) injuries or medical disorders resulting from exercise at a Life Time Fitness center, including, but not limited to heart attacks, strokes, heart stress, sprains, broken bones and torn muscles or ligaments; and (e) injuries resulting from the action taken or decisions made regarding medical or survival procedures.

I understand and voluntarily accept this risk, I agree to specifically assume all risk of injury, whether physical or mental, as well as all risk of loss, theft or damage of personal property while I am participating in this or any other Life Time Fitness program, using or present at any Life Time Fitness center, using any lockers, equipment or services at any Life Time Fitness center or participating in Life Time Fitness' programs, whether such programs take place inside or outside of a Life Time Fitness center. I waive any and all claims or actions that may arise against LTF Club Operations Company, Inc. ("LTF Operations"), its parent companies, affiliates, subsidiaries, successors, assigns, independent contractors and agents as well as each party's owners, directors, employees or volunteers as a result of any such injury, loss, theft or damage, including and without limitation, personal, bodily or mental injury, economic loss or any damage resulting from the negligence of LTF Operations, its parent companies, affiliates, subsidiaries, successors, assigns, agents, independent contractors or anyone else using a Life Time Fitness center. If there is any claim by anyone based on any injury, loss, theft or damage that involves me, I agree to defend LTF Operations, its parent companies, affiliates, subsidiaries, successors, assigns, agents and independent contractors against such claims and pay such parties for all expenses relating to the claim, and indemnify LTF Operations, its parent companies, affiliates, subsidiaries, successors, assigns, agents and independent contractors for all obligations resulting from such claims.

Release of Image and Likeness

I hereby irrevocably consent to and grant Life Time Fitness, Inc., its subsidiaries, agents and representatives ("Life Time Fitness") the exclusive and unlimited right to use and reproduce any and all photographs, audio recordings, video recordings or testimonial accounts taken by Life Time Fitness that contain my person, name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available, including but not limited to, any Life Time Fitness corporate or marketing communication or materials. I waive the right to inspect, approve or edit any such use or reproduction, and Life Time Fitness may make any and all changes, modifications, rearrangements, additions or deletions in its use or reproductions without any approval.

TERMS OF AGREEMENT (subject to change)

1. This COACHING PROGRAM has a minimum term of 3-months.
2. After the initial 3-months, you may cancel service whenever you wish. For your convenience, you will be billed automatically each month until we receive written notice of your desire to cancel.
3. There are no refunds.
4. You may 'freeze' your service for a period of up to 3 months with written notice.

5. You will be contacted shortly after registering for coaching services by our office in order to select your Life Time Endurance Coach.
6. If you have any problems or concerns related to the quality of your service received from a Life Time Endurance Coach, please contact us immediately to address your concerns.
7. Our office will contact you shortly after we receive your order for coaching to obtain additional information pertinent to your coaching program including your goals, athletic background, training availability and more.
8. It is understood that your coaching contract is the property of Life Time Fitness, Inc.
9. You may contact our office with any billing or other administrative questions or concerns.

I have read this Agreement thoroughly, understand all of its terms, received a copy, and have knowingly and voluntarily signed it. IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

X _____
Signature
Print Name
Date

The Following Terms and Conditions are Specific to Residents of Illinois and Virginia:

BUYER'S RIGHT TO CANCEL. If you wish to cancel this contract, you may cancel by making or delivering written notice to Life Time Fitness. The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before midnight of the third business day after you sign this contract. The notice must be delivered or mailed to the Life Time Fitness center where you signed this contract. If canceled within three business days, you will be entitled to a refund of all monies paid. The customer's rights to cancel described herein are in addition to any other contract rights or remedies provided by law. You may also cancel this contract if this club goes out of business or relocates and fails to provide comparable alternate facilities within five driving miles of the location designated in this contract. You may also cancel if you become physically unable to use a substantial portion of the club services for 30 or more consecutive days, and your estate may cancel in the event of your death. You must prove you are unable to use a substantial portion of the club services by a doctor, physician's assistant, or nurse practitioner's certificate, and Life Time Fitness may also require that you submit to a physical examination, within 30 days of notice of cancellation, by a doctor, physician assistant, or nurse practitioner agreeable to you and Life Time Fitness. If you cancel after the three business days, Life Time Fitness may retain or collect a portion of the contract price equal to the proportionate value of the services or use of facilities you already received. Any refund due to you shall be paid within 30 days of effective date of cancellation.

The Following Terms and Conditions are Specific to Residents of Illinois:

In the event of the relocation of a customer's residence to farther than 25 miles from a Life Time Fitness facility, and upon the failure of Life Time Fitness to designate a center, with comparable facilities and services within 25 miles of the customer's new residence, which agrees to accept Life Time Fitness' obligations under the contract, the customer may cancel the contract and shall be liable for only that portion of the charges allocable to the time before reasonable evidence of such relocation is presented to Life Time Fitness, plus a \$50.00 fee.

PAYMENT & CONTRACT INFORMATION

Coach: _____ Coaching Plan (circle one): Champion Competitor Success Achievement

Start Up Fee \$ _____ .00 + Monthly Rate \$ _____ .00 = Total \$ _____ .00

CHECK #: _____ (U.S. Funds only) :\$ _____ .00

CREDIT CARD: Visa AMEX Mcard Disc. _____ Exp. ____ / ____

Name on Card: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

MONTHLY PAYMENT: I authorize Life Time Fitness to bill my credit card in the amount of \$ _____ .00 per month for coaching sevicees during the term of my contract.

Authorized Signature: _____ Date: _____