

"DROP 10" WITH A FRIEND 14 Day Challenge



Grab a friend, spouse, or family member and get HEALTHY together!



This 14 Day Challenge will help you to eat healthy, exercise regularly, feed your spirit and keep you accountable towards your fitness goals. Prizes will be awarded for each group that loses the 10 lbs collectively.

March 8th – 22nd

14 Days – Daily Exercise (classes/home workouts/on own)

14 Days – Home Workouts

14 Days – Nutrition Plan

14 Days – Partner Encouragement & Accountability

14 Days – Daily Motivation

Pre/Post Measurements

FB Support Group

\$80 Per Person or Per Married Couple

All INSPIRE Classes/Zoom Workouts included for month of March.

**Group Total % of Weight Loss & Body Fat WINS a
FREE Month of INSPIRE Classes for MARCH!**

Prizes awarded for each group that loses 10 lbs collectively.

To sign up: Email Amber Cunningham at amberfit@hotmail.com or call/text 785-650-7505.

DEADLINE TO SIGN UP: Mar 6th. Measurements on Mar. 7-8th & Mar. 22nd.

“DROP 10” WITH A FRIEND

14 Day Challenge

Registration Form

NAME: _____ PARTNER: _____

EMAIL: _____ PHONE: _____

COST: \$80 Per Person or Per Married Couple

PAID: Cash Check Venmo/Paypal

I _____ agree to sign up for the Drop 10 With A Friend 14 Day Challenge at Inspire Body Mind Spirit. I commit myself for the next 14 days to the rules of this program. I am aware that 80% of my results are going to come from a healthy diet and a healthy mindset. I understand that my results are based on my own efforts and commitment to this program. No excuses/No refunds.

Signature

Date

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in health or fitness club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence INSPIRE Body Mind Spirit (Amber Cunningham) and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as “Releasees”), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that health or fitness club activities involve known and anticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; death as a result of drowning or brain damage caused by near drowning; medical conditions resulting from physical activating; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my

participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by an such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Date _____

Emergency Contact _____

Emergency Contact Phone _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____

Date _____



FAITH · FAMILY · FITNESS · FREEDOM

COVID-19 Release of Liability

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Inspire Body Mind Spirit LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Inspire Body Mind Spirit LLC can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, fitness staff, and other clients and their families.

I voluntarily seek services provided by Inspire Body Mind Spirit LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending this facility.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Inspire Body Mind Spirit harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the fitness facility, or that may otherwise arise in any way in connection with any services received from Inspire Body Mind Spirit LLC. I understand that this release discharges Inspire Body Mind Spirit LLC from any liability or claim that I, my heirs, or any personal representatives may have against the fitness facility with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Inspire Body Mind Spirit LLC. This liability waiver and release extends to the fitness facility together with all owners, partners, and employees.

Participant Signature: _____ **Date:** ____/____/____

Parent Signature (if under 18yrs): _____ **Date:** ____/____/____