

SEP 23 - NOV 10



Little Black Dress

CHALLENGE



**3 AREAS
OF FOCUS:**
PHYSICAL
MENTAL
LIFESTYLE



SHAPE A BETTER YOU IN 7 WEEKS

**FREE
FAB BAG**

FOR 1ST 100 WOMEN
TO REGISTER!

**LED BY
COACH DORIAN**

\$245 HQ MEM
\$395 NON-MEM*
REGISTER BY 9/18

*Includes Full Health Club
Membership During Challenge



HQFIT.COM/LBD



Little Black Dress Challenge at HealthQuest

Fall 2024 Registration Form

All Fields Required

Participant's Name: _____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Best Email: _____ Cell Ph # _____

LBD Email Opt-In: Yes, I'd like to receive important challenge related emails, including daily dose emails.

NOTE: Pre & Post Assessments are required, including before and after photos. These metrics and photos are kept confidential and are used to set goals and track progress. Other general photos taken during the challenge may be used to show community, coaching support and fitness aspects of the challenge for marketing purposes and use on the private LBD Facebook Group. If you have any questions or concerns, contact dorian@coachdorian.com.

Challenge Price: ___HQ Member \$245 ___Non-Member \$375*

*Non-Members are offered a special temporary membership to use the club during the challenge. If considering a long-term HQ membership, please see Member Services to discuss options and savings.

Cancellation Policy: There is a \$25.00 cancellation fee once the enrollment is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be evidenced by a doctor's note. All credit requests must be made within 7 days of the injury or illness.

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC. accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Method of Payment (PLEASE CIRCLE)

Cash

Check

Credit Card (below)

Member Charge (CC on File)

Credit Card # _____ Exp Date: ____/____ CVV _____

Signature: _____ Date: _____