

TAKE THE 30 DAY Commit to FIT

Pilates Challenge

MAY 8 - JUNE 7

Kick Off Cinco De Mayo Party
Fri, May 5th, 6-8PM

The Pilates
Studio
at HealthQuest

908.782.4009, ext. 280
pilates@healthquest-fitness.com

NEW TO PILATES? No Problem!

Beginner classes will
be geared just for you!

Sign Up Now at The Pilates Studio

This "Commit to Fit" Challenge
will get you moving in new ways while
developing increased core strength,
improved posture, and a toned body.
You will learn new movement habits that will
last you a lifetime. Be part of a supportive
and motivating group on Facebook to keep
you going for the whole 30 days!

▼ 4 REQUIREMENTS OF CHALLENGE ▼

10 REFORMER PILATES



5 MAT PILATES



5 CLASSHOPPERS

Commit to Using
myfitnesspal

Calorie Counter & Diet Tracker

for 30 Days

TRACK CALORIES

\$250 Per Member Includes:

Functional Pre-Assessment
Functional Post-Assessment
Closed Facebook Page
Challenge Class Pass

Prize Drawing - Tue, June 13th:

Must Complete Challenge to be Entered
10 Pack of Pilates Group Classes
2017 HQ Swim Club Membership
5-Pack of Classhopper Classes

Commit to Fit – Spring Challenge

Participant's Name: _____

Address: _____ City: _____ State: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

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, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, 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 or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Parents/Participants Signature: _____ Date: _____
(if under 18 years old)

Cancellation Policy: No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be submitted within 7 days of event and evidenced by a doctor's note.

Please Circle Method of Payment - \$250

Cash

Check

Credit Card

Member Charge

Account Number _____ Expiration Date _____

Signature _____ Date _____

Challenge Components (ticket value for Prize Drawings)

10 Reformer Classes/5 Mat Classes/5 ClassHopper Classes (1)

Pre-Challenge Testing (1)

Post-Challenge Testing (1)

Use of My Fitness Pal (1)

5 Bonus Classes (1 for each bonus class – as long as above challenge requirements completed)

Refer a Friend to the Challenge (1)

Join Closed Facebook Group for Daily Motivation and At Home Pilates Exercises you can do!