



WANTED



ABSOLUTE FITNESS 2017-2018 CAMPUS REP TEAM

NEEDED... Highly motivated, outgoing students to represent Absolute Fitness. Campus Reps must have an exceptional opinion of Absolute Fitness and staying fit. Campus Reps must be socially savvy and enjoy working with the public.

- Campus Reps will be the face of Absolute fitness within the Etowah County and City Schools.
- Campus Reps will help build relationships with students, faculty and parents promoting healthy and fit lifestyles with the Absolute Fitness mentality.
- Campus Reps will help work with The Elementary, Middle Schools & High Schools in the fight against childhood obesity.
- Post fliers • Give out guest passes • Share info on social media.
- Work 50% of events planned, fund-raisers, football season and sporting events, etc...



CAMPUS REPS...

- Will receive a 1 year membership to Absolute Fitness including a tanning package
- Will receive awesome fitness merchandise to be worn twice a month at your school during your rep term
- Will receive education of the fitness industry.
- Have the opportunity for camaraderie between students and other schools.
- Free orientation with a personal trainer • BE A CAMPUS HERO

APPLICATION

MUST BE 16-20 YEARS OF AGE AS OF MAY 1ST, 2017 . MUST BE A JUNIOR, SENIOR IN HIGH SCHOOL OR A 1ST YEAR COLLEGE STUDENT FOR THE 2017-18 SCHOOL YEAR

NAME _____ DATE _____

DOB _____ AGE _____ GRADE FOR 2017-2018 SCHOOL YEAR _____ MALE/FEMALE

DL# _____ SCHOOL _____

ADDRESS _____

EMAIL _____ FACEBOOK NAME _____ INSTAGRAM NAME _____

PHONE# _____ CELL# _____ HAIR COLOR _____ EYE COLOR _____

WEIGHT _____ HEIGHT _____ SHIRT SIZE _____

PARENT OR GUARDIAN:

NAME _____ PHONE _____ CELL _____

IN CASE OF AN EMERGENCY (Someone other than your parent or guardian)

NAME _____

PHONE _____ CELL _____

ARE YOU INVOLVED IN ANY TYPE OF ATHLETICS? _____

ARE YOU INVOLVED IN ANY CLUBS? _____

WHY DO YOU THINK YOU WOULD BE A GOOD TEAM MEMBER FOR THE ABSOLUTE FITNESS CAMPUS PROGRAM? (Short paragraph please) _____

WHO IS YOUR FAVORITE TEACHER AND WHY? _____

ANY HEALTH CONDITIONS THAT WOULD HINDER YOU FROM PERFORMING YOUR DUTIES AT OR WITH ABSOLUTE FITNESS? _____

I _____ AS AN ABSOLUTE FITNESS CAMPUS REPRESENTATIVE WILL REPRESENT ABSOLUTE FITNESS OF ETOWAH COUNTY, LLC WITH A POSITIVE ATTITUDE AND RESPECT. I WILL BE PASSIONATE ABOUT MY POSITION AND RESPECT OTHER MEMBERS OF THE ABSOLUTE REP.

Absolute Fitness reserves the right to terminate this agreement and your position as an Absolute Fitness rep if any information is false, actions become to inappropriate or not suitable to represent Absolute Fitness or agreement has not been met.

STUDENT _____ PARENT SIGNATURE _____

Application Deadline Wednesday, May 3rd 2017. (No exceptions) Drop off applications to Absolute Fitness Attention: Teresa Taylor (Marketing Director). Please direct any questions to Teresa Taylor - Marketing Director 256-413-8220 or absolutefitness@ymail.com. to download a Campus Rep application please visit our website at www.absolutefitnessgym.com.

Please attach a full body photo (5x7 or smaller) with your completed application. Note: Non-completed application or missing photo will not be considered. (Photos will not be returned).

**INTERVIEWS WILL BE HELD DURING THE WEEKS OF MAY 8th AND MAY 15th 2017
2017-2018 CAMPUS REP TEAM ANNOUNCEMENT WILL BE THE WEEK OF FRIDAY, May 22nd, 2017.**

TEAM CAMPUS REPRESENTATIVE WAIVER

Activities Waiver

I understand my participation as an **ABSOLUTE FITNESS - CAMPUS REPRESENTATIVE** offers the undersigned, a minor child, the opportunity to represent the gym in various functions, advertisement and membership events. I understand my travel to and from Absolute Fitness events expose the undersigned to an increased risk of accident and injury. By signing this Agreement, I hereby acknowledge that my travel to and from various Absolute Fitness locators and activities is at my own risk and I personally assume the risks associated with travel for any harm, injury, or damage that may befall me as a result of such use.

I agree that I shall not attempt to hold **ABSOLUTE FITNESS OF ETOWAH COUNTY, LLC** liable or responsible for my personal injuries, or damages sustained by me during my travel to and from or from my participation in planned activities. I agree to indemnify and save harmless **ABSOLUTE FITNESS OF ETOWAH COUNTY, LLC** and its officers, agents, and employees for all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not limited to all expenses of litigation, court costs, and attorney's fees for any injury or damages that I might sustain arising out of, or occasioned by my travel to and from as well as my participation in activities.

I further state that I am legally responsible to sign the agreement on behalf of my minor child; I understand the terms herein are contractual and not a mere recital; and that I have signed this document on my own free act. By this instrument it is my intention exempt and release **ABSOLUTE FITNESS OF ETOWAH COUNTY, LLC** from liability reasonably anticipated for personal injury, damages or wrongful death arising out of my travel to and from "events" identified. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS HOLD HARMLESS LIABILITY RELEASE AND INDEMNITY AGREEMENT BY READING THIS AGREEMENT BEFORE SIGNING IT.

Student _____ Date _____ Responsible Party _____ Date _____

Activity covered by this waiver: Inside gym activities and outside of gym events.