



Be A Campus Rep

Join the
Absolute Fitness



2024-2025
Campus Rep Team!

We are searching for highly motivated, outgoing students to represent Absolute Fitness. Campus Reps must have an exceptional opinion of Absolute Fitness and staying healthy and fit. Campus Reps must be socially savvy and enjoy working with the public.

- Campus Reps will be the face of Absolute Fitness within Etowah County and City Schools.
- Campus Reps will help build relationships with students, faculty and parents while promoting healthy and fit lifestyles with the Absolute Fitness mentality.
- Campus Reps will help work with the elementary, middle and high schools in the fight against childhood obesity.
- You will be required to post regularly and share on social media, workout a minimum of three days per week, give out guest passes, work events including fundraisers and sporting events, have good communication skills and work with community outreach.

Campus Reps will receive...

- 1 Year membership to Absolute Fitness
- Awesome fitness merchandise to be worn as often as possible during your rep term
- Education of the fitness industry
- Have the opportunity for camaraderie between students and other schools
- Free orientation with a personal trainer

Application MUST BE 16-20 YEARS OF AGE AS OF MAY 1ST, 2024. MUST BE A JUNIOR, SENIOR IN (Etowah County) HIGH SCHOOL OR A 1ST YEAR COLLEGE STUDENT (JSU or Gadsden State) FOR THE 2024-2025 SCHOOL YEAR.

NAME _____ DATE _____

DOB _____ AGE _____ GRADE FOR 2024-2025 SCHOOL YEAR _____ MALE / FEMALE

DL# _____ SCHOOL _____

ADDRESS _____

E-MAIL _____ *required to apply
FACEBOOK NAME _____ *required to apply
INSTAGRAM NAME _____

PHONE _____ CELL _____ SHIRT SIZE _____

PARENT OR GUARDIAN NAME _____ PHONE _____ CELL _____

IN CASE OF EMERGENCY NAME _____ PHONE _____ CELL _____

ARE YOU INVOLVED IN ANY ATHLETICS? _____

ARE YOU INVOLVED IN ANY CLUBS? _____

WHY DO YOU THINK YOU WOULD BE AN AWESOME TEAM MEMBER FOR THE CAMPUS REP PROGRAM? (short paragraph is fine but use additional page if needed) _____

Were you recommended by someone? / Who? _____

WHO IS YOUR FAVORITE TEACHER AND WHY? _____

ANY HEALTH CONDITONS 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 TEAM.

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

STUDENT _____ PARENT _____

Application Deadline is Monday, April 1st 2024. (No exceptions) Drop off application to Absolute Fitness, Attention: Teresa Taylor (Director of Marketing). Please direct any question to Teresa Taylor @ 256-413-8220 or absolutefitness@ymail.com Download and print applications @ www.absolutefitnessgym.com.

Please attach a full body photo (**individual not group**) (**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 APRIL 8th, 15th & 22nd 2024 AND ANNOUNCEMENT WILL BE MADE SATURDAY, APRIL 27th. THE FIRST OFFICIAL/REQUIRED MEETING WILL BE WEDNESDAY, MAY 1st AT 5:30PM.

I understand my participation as an **ABSOLUTE FITNESS CAMPUS REP TEAM 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 locations 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** 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** 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 attorneys' 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 this 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 of my own free act. By this instrument it is my intention to exempt and release **ABSOLUTE FITNESS** 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 Signature _____ Date _____

Responsible Party _____ Date _____

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