

CAMERON CLUB OPERATING RULES & PROCEDURES
EXHIBIT B – REQUEST FOR AUTHORIZATION FOR PERSONAL TRAINER

CAMERON STATION COMMUNITY ASSOCIATION, INC.

REQUEST FOR AUTHORIZATION FOR PERSONAL TRAINER

Please deliver to: Community Manager
Cameron Station Community Association, Inc.
200 Cameron Station Boulevard
Alexandria, Virginia 22304

I. Resident (Applicant) Information:

Resident's Name: _____

Resident's Address: _____

Resident's Phone: (H) _____

(C) _____

Resident's Email: _____

II. Personal Trainer Information:

A. Business Information

1. Name of Business: _____

2. Address: _____

3. Telephone Number: _____

4. Is the Business a corporation?: Yes No

5. Is the Business a Limited Liability Company? Yes No

6. Is the Business a sole-proprietorship? Yes No

7. Is the Business a partnership or limited partnership? Yes No

B. Name of individual Personal Trainer who will be working with the Applicant:

C. Attach copies of the insurance policies provided by the Personal Trainer.

D. Attach a signed Personal Trainer Agreement.

III. **Representation by the Resident Applicant**

By my signature below, I affirm the following:

- A. The representations made are true and complete.
- B. I acknowledge and agree that the Personal Trainer is an independent contractor employed by me and that the Personal Trainer is not an employee, agent, contractor, associate or assign of the Cameron Station Community Association, Inc. ("Association") and that the Personal Trainer is not in any way affiliated or associated with the Association, its Board of Directors, officers, members, employees or agents.
- C. I am responsible for the actions and behavior of the Personal Trainer.
- D. I shall assume all risks and hazards incidental to the use of the Fitness Facility and agree to hereby indemnify, release and hold harmless the Association, its Directors, Officers, Members, Employees, WTS International, Inc. and Agents from and against all liabilities, damages, injuries, causes of action, suits, claims, and judgments of any kind whatsoever, direct or indirect, including but not limited to costs and all attorney's fees incurred in the defense thereof, arising in connection with, incurred as a result of, or caused by my use of the Fitness Facility and the use of the Fitness Facility by the Personal Trainer employed by me.
- E. I acknowledge and agree that this Agreement is binding upon my heirs, beneficiaries, successors and assigns.

Applicant's Signature: _____

Date: _____

FOR ASSOCIATION USE ONLY

Received: _____

Application Approved: _____

Application Disapproved: _____

Signature

Printed Name

Title

Date