

Weekly Food Log



Name: _____

	Meal 1	Meal 2	Meal 3	Meal 4	Meal 5	Meal 6	Water	multi-vitamin	Hrs. of Sleep	Attended Camp
Monday							1 2 3 4 5 6 7 8	Yes No		Yes No
Tuesday							1 2 3 4 5 6 7 8	Yes No		Yes No
Wednesday							1 2 3 4 5 6 7 8	Yes No		Yes No
Thursday							1 2 3 4 5 6 7 8	Yes No		Yes No
Friday							1 2 3 4 5 6 7 8	Yes No		Yes No
Saturday							1 2 3 4 5 6 7 8	Yes No		Yes No
Sunday							1 2 3 4 5 6 7 8	Yes No		Yes No



One Month IMPACT Objectives

Those who set goals as they begin the IMPACT Program will have the best results.

Goals should be written the following way:

1. Start each goal with "I will . .
2. Second comes an action work (read, drink, eat, rest)
3. Third is the thing you want to move towards
4. Last is a deadline

Examples include: I will drink 8 eight ounce glasses of water daily. I will sleep 7 hours a night. I will attend IMPACT workouts 3 days a week for 4 weeks. I will finish eating by 7 PM. I eat 5 vegetables a day.

Goals are always written in the positive – as something you move towards rather than moving away from something negative.

Write 4 outcomes that you would like to achieve in the next month.

1. _____
2. _____
3. _____
4. _____

Choose one of the goals that you are the most committed to and turn it into a "How" question. For example. "How can I drink 8 eight ounce glasses of water a day" or "How can I eat 5 vegetables a day". Then write below as many responses as you can think of. Once you have written every thing you can think of, circle the one you are ready to begin with and make that your first step. When you have accomplished that choose the second thing you are ready to do and so on until you adopt a new habit and achieve your goal.

Signature

Printed Name

Date



Informed Consent, Waiver, and Release Agreement

This waiver and release is entered into between the undersigned and Argyle Adventure Boot Camp / Inc. its instructors, officers, affiliates, and executors.

The purpose of the Adventure Boot Camp Program offered by Argyle Adventure Boot Camp is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

4. Acknowledges that the instructor is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice.
5. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but Adventure Boot Camp and Calabrese Consulting LLC , Inc. does not guarantee neither good nor bad will occur, nor guarantees the training advice given by Adventure Boot Camp and Calabrese Consulting LLC . or its instructors will produce good nor bad results.
6. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
7. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events and activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop.

The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Adventure Boot Camp, its instructors, officers, affiliates, and executors for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties, that no representatives of Argyle Adventure Boot Camp or Calabrese Consulting LLC nor anyone else has verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

The Signatures below pertain to a one time boot camp session conducted in honor of raising funds for Emery Fitzhugh on November 22, 2007

Printed Name	Signature	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

[illegible]

Printed Name

[illegible]

E-Mail

[illegible]



Month End Survey

Congratulations on completing a month of the IMPACT Program. I sincerely appreciate your feedback as it is my objective to meet your needs and continually improve the IMPACT experience. I

1. On the scale of 1-10 how would you rate how you enjoyed your experience in the IMPACT Program?

1 2 3 4 5 6 7 8 9 10

Please explain..._____

2. Did you feel that you got sufficient guidance and instruction, technically?
Yes, no

Please explain_____

3. Were the daily e-mails helpful? Yes No _____

4. What other information would you have liked to hear about in the daily e-mails or in the program to help your success?

5. In what ways did the IMPACT program meet your expectations?

6. In what ways did the IMPACT program NOT meet your expectations?

7. What would you do differently/ better if this was your IMPACT program?

8. Could anything have been provided that would have made this program more enjoyable?

9. What do you feel was your favorite part of the IMPACT experience? _____

10. Did you feel that you were able to work at your own personal fitness level? Please explain... _____

11. On a scale of 1-10 (10 is best) please rate my instruction over the past month:

- _____ Technical knowledge and ability to effectively instruct you accordingly
- _____ Skills for group instruction, interaction, and group dynamics
- _____ Volume and clarity of instructions
- _____ Timeliness, courtesy, professionalism, demeanor
- _____ Attitude; smiles and makes it fun and enjoyable
- _____ Use of time during class

Other Comments or suggestions are appreciated:



Nutrition for Health, Life & Performance

The IMPACT Answer

- Eat right
- Exercise
- Manage Stress
- Recover

1. Eat 3 balanced meals daily and 1 – 2 healthy snacks
2. Consume 30 + grams of fiber daily
3. Eat whole foods
4. Stop eating within 2 hours of going to bed
5. Drink 8+ eight ounce glasses of water daily
6. Sleep 7+ hours a night
7. Manage Stress
8. Take a multi-vitamin

IMPACT Nutrition Success Tips

- Consume lean protein, complex, fibrous carbohydrates and polyunsaturated fats.
- Treat yourself to your favorite foods one meal each week.
- Journal and track meals daily.
- Take a multi-vitamin/mineral supplement each day.
- When possible, eat foods in their most raw natural state.

- Avoid dining out.
- Bake, broil, poach, steam, stir fry or grill for lower fat options.
- Put a serving of food on your plate and put the rest in the refrigerator.
- Sit and enjoy your meal – this is not the time to multi-task.
- Savor meals putting your fork down between bites.
- Increase Omega 3 Intake
- Trusting your appetite will heighten awareness of hunger and fullness.
- Be wary of the ‘heart healthy’ or ‘light’ selections on menus.
- Do not be afraid to ask to have a meal prepared to your liking when dining out.
- Lighten up on sauces and dressings by asking for them on the side.
- Skip the bread, appetizers and dessert.
- Share a main course with a friend or get a take-out container if you are at a restaurant that super sizes the portions.
- Ask for extra vegetables on your plate instead of extra starches.
- Establish consistent eating habits.
- Use salad plates and cups instead of dinner plates and bowls.
- Eat slowly, cut food into smaller pieces and chew each bite thoroughly to help digestion.
- Prepare for situations where an abundance of food will be available .
- Stay out of the kitchen when not eating.
- Cook with herbs, broth, citrus juices or flavored vinegars instead of oil, marinades, sauces and dressings.

• **Categorization of the Glycemic Index (GI) of Common Food Sources**

•

• High GI (>70)	GI Value
• Glucose	100
• Corn flake	92
• Honey	87
• Potato, baked	85
• Rice Cakes	78
• Jelly beans	74
• Watermelon	72
• Bagel, white	72
• Moderate GI (40-70)	
• White sugar	68
• Snickers	68
• Oatmeal	65
• Raisins	64
• Beets	64
• Corn	60
• Sucrose	59
• White pasta	50
• Whole wheat pasta	42
• Chickpeas	42
• Strawberries	40
• Low GI (<40)	
• All-bran cereal	38
• Apple	38
• Chocolate milk	34
• Yogurt, low-fat	33
• Skim milk	32
• Kidney beans	29
• Lentils	29
• Peach	28
• Whole milk	27
• Grapefruit	25
• Peanuts	13
•	*Note: GI values may vary slightly from source to source.

Glycemic Index Vs. Glycemic Load

The glycemic load of a food is calculated by multiplying the glycemic index by the amount of carbohydrate in grams provided by a food and dividing the total by 100.

Foods that have a low GL almost always have a low GI.

Foods with an intermediate or high GL range from very low to very high GI.

Sleep Drive

Overview of Improving Sleep Quality

- No exercise that makes you sweat before sleep
- No caffeine after noon
- No alcohol 3 hours before bed
- Create a ritual
- Create a dark environment
- Remove electronics
- Get off of all medications possible
- Consider safe herbs & natural products
- Buy a quality bed

Foods to choose from

Lean Proteins:		
Bass	Catfish	Chicken
Clams	Cod	Egg whites
Flounder	Game meats	Grouper
Halibut	Haddock	Lean Beef
Mackerel	Perch	Pike
Salmon	Shrimp	Soy beans
Snapper	Swordfish	Trout
Turkey	Tuna – fresh or canned in water	
Non fat, low sugar yogurt & cottage cheese		

Fibrous Carbohydrates & Vegetables		
Alfalfa sprouts	Asparagus	Bamboo shoots
Beans, green, yellow, wax	Beet greens	Broccoflower
Broccoli	Brussel sprouts	Cabbage - white, red, Savoy, Chinese
Carrots	Cauliflower	Celery
Collard greens	Cucumbers	Eggplant
Endive	Kale	Leeks
Lettuce, romaine, red leaf	Mushrooms	Mustard greens
Onions	Peppers, green, red, yellow, hot	Pimentos
Radishes	Spinach	Summer squash
Tomatoes	Tomato juice	Turnips
Turnip greens	Vegetable juice	Watercress
Zucchini		
Complex Carbs		
Apples	Barley	Beets;
Berries	Black-eyed peas	Bran
Bread – 100% Stone Ground		Broccoli
Buckwheat	Cabbage	Corn
Green beans	Leafy greens	Lentils
Nuts	Oats	Pears
Potatoes	Pumpkin	Rice, brown, wild, puffed
Root vegetables	Rye	Shredded wheat
Spelt	Squash	Sweet potatoes
Wheat	Wheat Germ	Yams
Beans (black, garbanzo, Northern, Kidney, Lima, Pinto, Red, Soy, White)		

Low Sugar Fruits		
Blackberries	Blueberries	Boysenberries
Cranberries	Granny Smith apples	Green apples
Green pears	Kiwi fruit	Raspberries black
Strawberries		

Fat		
Extra Virgin Light Olive oil	Evening primrose oil	Flaxseed oil
Safflower oil	Salmon oil	Soybean oil
Sunflower seed oil	Almonds, cashews, macadamia	

2009 Fitness & Nutrition Goals

Goals

1.	
2.	
3.	
4.	
5.	

Most important Goal

Question	How can you
Solutions	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



PRINTED REGISTRATION FORM

1. Print this form; fill in your information clearly and completely, and sign the release.
2. Choose camp options and payment option.
3. Choose the method to return your forms:

By Mail: Street
Town

OR fax: fax #

I am signing up for IMPACT beginning on: _____ Located at _____

Name: _____ Date of birth (required) ____ / ____ / ____

Address: _____
Street City State/Zip

Home Phone: _____ Cell Phone: _____

Job Title: _____ Work Phone: _____

Email: _____

Emergency Contact Name: _____ Phone #: _____

I rate my current fitness level as a _____ (use scale of 1-10, 10 being highest = elite athlete)

My fitness main goal is: _____

My fitness goal in this month is: _____

How did you hear about IMPACT? _____

Payment Options (check one)

- ☐ Check or money order is enclosed (made out to insert business name)
- ☐ Credit Card Authorization form is attached (*copy of if faxed prior*)
- ☐ I paid online using PAYPAL

Office Use Only:

Amount paid: _____

Form: _____

Reason: _____



MEDICAL HISTORY QUESTIONNAIRE

All "YES" answers require a written explanation on the next page

QUESTION	YES	NO
1 Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you take any prescribed medication on a permanent or semi-permanent basis?	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have a seizure disorder (epilepsy)?	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have diabetes; Type I (IDDM) or Type II (NIDM)?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever been found to be anemic (low blood count)?	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have High Blood Pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have or have you ever had Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have or have you ever had Lung Disease?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have or have you ever had Kidney Disease?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have or have you ever had Liver Disease?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have or have you ever had asthma?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have or have you ever had severe neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
13 Have you ever had been knocked out?	<input type="checkbox"/>	<input type="checkbox"/>
14 Have you had a broken bone or fracture in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
15 Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16 Have you ever injured your back?	<input type="checkbox"/>	<input type="checkbox"/>
17 Do you have back pain? If YES, circle the best answer below. <div> <div>Almost Never</div> <div>Seldom</div> <div>Occasionally</div> <div>Frequently with vigorous exercise or heavy lifting</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
18 Have you had knee pain in the past 2 years that has disabled you for longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>
19 Do you have other physical conditions, which cause pain?	<input type="checkbox"/>	<input type="checkbox"/>
20 Have you had any surgical procedures?	<input type="checkbox"/>	<input type="checkbox"/>
21 Have ever had your body fat tested?	<input type="checkbox"/>	<input type="checkbox"/>

Page 10 of 10

If you are unsure about the definition of any terms in this form, please call us to clarify. Do not assume.

MEDICAL HISTORY QUESTIONNAIRE CONT'D

18. What are your physical goals for the next three months? _____

PLEASE EXPLAIN ALL “YES” ANSWERS BELOW. PLEASE REFERENCE THE QUESTION NUMBER.

NOTICE:

It is wise to seek your doctor's advice BEFORE beginning any health/fitness/nutrition program!



Informed Consent, Waiver, and Release Agreement

This waiver and release is entered into between the undersigned and (company name), its instructors, officers, affiliates, and executors.

The purpose of the IMPACT Program offered by (company name) is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledges that the following was explained to me and/or agree to the following:

1. Acknowledges that the instructor is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice.
2. Acknowledges that if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
3. Acknowledges that fitness training, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events and activities, that they are in good health, and they have a regular medical physician they can contact regarding any medical problems that they might develop.

The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind (name of company), its instructors, officers, affiliates, and executors for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties, that no representatives of (name of company) nor anyone else has verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

PERFORMANCE PLEDGE

In the spirit of harnessing your best effort and providing optimum results from your Boot Camp experience, we have established the following policies to which you will need to adhere. Please read and initial each one.

_____ I agree that I will not consume alcohol during the month of IMPACT.

_____ I agree not to use foul language during IMPACT.

_____ I agree to show up for IMPACT every class day unless it is an excused absence from my doctor or pre-approved with IMPACT coaches.

_____ I will arrive ON TIME.

*(Any violation of the above statements **will** result in twenty push-ups per occurrence.)*

_____ I understand that photos or video may be taken during the course of my involvement in IMPACT, which may be used for promotional purposes. I understand that my "before & after" photos will not be used for any promotional purposes unless I give written authorization.

_____ I understand there is no refund policy, but I can receive a credit (for unused portion of class) towards a future class if, for reasons beyond my control, I am not able to complete the month I originally joined. IMPACT fees cannot be used towards any other products or services provided.

Signature

Printed Name

_____/_____/_____
Date



a = absent

[illegible]

This is a SAMPLE Release Form

Ask your attorney for specifics that may be needed for your state or country.

IMPACT Liability Release Form

This release is entered into between the undersigned and _____ its officers, trainers, affiliates, trainers and any and all other private and public locations where fitness classes are held. The purpose of _____ is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that _____ is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that _____ does not guarantee neither good nor bad will occur nor guarantees the training advice given by _____ will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Videography and photography may be taken at various class locations which may appear on TV, web video, print or any other digital format. When possible, the class participants will be told in advance of the days in which any photography or videography will be done. "Before & after" photos will not be used for any promotional purposes unless written authorization is granted.
5. Acknowledges that IMPACT, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and _____ for the

undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties, that _____, nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

X _____

Hello and Congratulations on signing up for (your town) IMPACT program. I look forward to meeting our new participants and welcoming back repeat members. Below are your instructions and tips for a fantastic and productive IMPACT program. The possibilities for your physical improvements are unlimited over the next month.

Your IMPACT program meets at (time) and (location). The directions are (give specifics). Upon arriving (give instructions for parking, entering, signing in, etc). If you have an outdoor location, give instructions for inclement weather, how they will be notified, etc

Plan to arrive 5 – 10 minutes early the first day. All other days you should be ready to go at our exact start time.

We sincerely want you to have the very best experience possible and maximize your body transformation. While your motivation is high, its normal to be nervous if this is your IMPACT Program. Here are 16 important tips for you to get the most significant results out of your IMPACT transformation – and enjoy the process:

1. Show up to the nutrition seminar on (Fill in date, time, location – Usually Sunday night before Monday's start)– You must properly fuel your body to have energy for camp, to recover from camp, build beautiful lean muscle and incinerate excess fat. I will empower you regarding eating to speed your metabolism so you will optimize fat burning during class. The nutrition seminar is key to your success and achieving dramatic results in a short period of time.

The nutrition seminar is free to anyone so please invite your spouse, mature children and anyone who is going to support you in your IMPACT program or who could benefit from boosting their metabolism and becoming healthier.

2. Invest in a new pair of running shoes – Reserve these shoes for IMPACT class alone. Your body mechanics begin from the feet up and you want to preserve your joints by cushioning your feet and ultimately minimizing stress on your body. Go to a store whose employees are trained in properly fitting your foot. One such store is (give name, location, phone number, any discounts you have arranged).

3. Get to bed at night - Sleep is a large factor in health and weight loss. You will hear me preach about rest consistently. You are demanding a lot of your body to get exercise at a moderate to high intensity. During sleep is when you heal, recover and have cellular growth and repair. Turn off the tv at night, shut down the computer and get to bed. You will feel much better during your workouts and for the rest of the day. Take a 15 minute (or longer) nap during the first week. Lack of sleep is a major stressor to your body and there is scientific

evidence to prove it stimulates your hunger and makes fat loss difficult. Strive for 7 + hours a night. Limit day time naps to 15 minutes.

4. Commit to before and after fitness assessments - Knowing your starting points (weight, body composition and circumference measurements) will help you to “own” where you are and set specific goals for where you want to be. Please wear clothing that will allow me to get to your skin for measurements. Please do not wear anything bulky. Fitness assessments will take place (give all options for assessments). If you cannot make one of those times, see me to make alternate arrangements. If you are motivated for the first assessment we promise the “afters” in a month will be a fantastic experience as we measure your improvements. Weight loss in the first month averages 6 pounds and some have lost up to 17 their first month.

5. Make your very best effort to attend every session – This is not a spectator sport and in order to get results, you must show up. This is something that no one can do for you. Only you can achieve the physical results you desire. The great news is that is possible and it’s guaranteed. You have my support as your coach and you will be amazed at the support you get from your fellow campers. There are no make ups in this program. No excuses, no blame – be there and you will be thrilled with your improvements in 4 weeks. It’s up to you!

6. Pre and Post workout meals– (give specifics based on the times of your classes – early morning, mid day, evening)

7. Listen to your body - If something causes you any pain during class, stop and notify me. There are always modifications which can be made. I want you to become in tuned to your body’s signals. Do not do anything that hurts. There will be days where you may feel fatigued, sore or not rested. If your energy level is low and you are feeling like IMPACT may be too much for you, a day of rest will do you wonders.

8. Use the weekends for rest - Sleep in and have fun. Do not try to get in more activity, especially if you are not accustomed to regular and intense exercise. Use this time to catch up on sleep, relaxation and pampering. That will serve you well for the next Monday morning. Even athletes rest 1 – 2 days per week.

9. Be prepared – Dress in breathable and comfortable clothing. (inform them if they need to bring any equipment – mat, dumbbells, towels)

10. Clean out the pantry and refrigerator - Now is the time to remove any items that are non-nourishing, items that are trigger foods for you or foods you are eating too much of. Shop for fresh fruits and vegetables and lean proteins such as fish and chicken. You’ll receive a list of healthy foods at the nutrition seminar.

11. Invite a friend – Having a friend to get fit with increases your success rate, results and fun. If you don't have a friend to join you yet, don't worry, you will meet incredible people in class. Each month I will have one bring a friend day. You can also invite your spouse, girlfriend, neighbor or co-worker. You receive a \$50.00 referral fee for every friend who you refer who joins. (if you have any special offers – such as a spouse gets a 25% discount, you can include it here)

12. Get in the right mindset - Know that physical challenges are the very best thing for your body and that your body will respond positively to your efforts. Physical activity is the only way to build a lean, strong, beautiful body. Know you are worth the time so keep your commitment to your well being a high priority. Cut off any possibilities of sabotage and failure. Put your eyes and mind on the outcome you will achieve. Write down your goals for the next month.

13. Pace yourself - I will give you guidance and you will push yourself as best you can. I will always give two or three options for each exercise and you can choose your level. You will likely push yourself harder than I will ever push you. I also don't want you to fool yourself into thinking you can go through the motions without exerting yourself. This program is an investment in your self and I want you to do your best.

14. Take the Real Age Assessment – prior to beginning IMPACT and attending the nutrition seminar, please go to www.RealAge.com and take the quiz to find out your biological age versus your physiological age. We will ask you to do this again at the end of the month to compare how many months and years you add to your life as a result of your new found habits and fitness level. Some members are as much as 4 years younger in 4 short weeks.

15. Complete the food logs – Turn in your food log each Friday morning. This exercise makes you conscious of what is passing your lips. It gives you a visual of what you are consuming though out the day, at the end of the day, and for the week. It keeps you accountable to yourself . . . and to me. It allows you to see the progress over the month. It allows you to see what's working and what's not. It gives me incite as to how to best guide you in making the best possible food choices for results and health.

You can use the one I provide or make up your own. I will be collecting food logs on Friday mornings. I know it takes effort, however those who complete the food logs see the best results. I will review them over the weekend and give you feedback on Monday morning. You can e-mail them or fax them on Friday as well.

When doing food logs, be as specific as possible regarding quantity, brands and time of day. Also include any beverages.

16. Take a multi vitamin. That recommendation comes from the American Dietetic Association. Most of us are not consuming all of the nutrients we need if including 5+ veggies a day and 2+ fruits a day. If you are looking for a quality multi vitamin, I recommend (insert any supplement recommendations)

So what can you expect from your IMPACT experience?

Week # 1 – You may be nervous and slightly humbled (not intentionally), yet it will build your motivation to come back for more. By weeks end you will start to feel positive effects on the rest of your day. You will feel accomplished but exhausted driving home from your IMPACT workout. It's normal to feel fatigued, experience muscle soreness and be ready to sleep in on Saturday and Sunday. You will feel accomplished and already start to feel less bloated, firmer abs and more energetic.

In week two, your body will start to move into higher gear as its getting used to waking up early and moving. Some of the activities will become easier, yet you will continue to be progressively challenged. You will be making friends and support each other as your body transformation is now well under way.

In week three, you can begin to see results and others are noticing them too! You are beginning to look like a firmer version of your old self. Your posture is improved; you feel stronger, more energetic and are welcoming the physical challenges. Your skin even has a glow to it!

In week four, you are energized; you are feeling firm and fit. You are in a new body and celebrating the end of your first month of IMPACT.

We want you to keep an open mind and know great things will happen over the next month and each week you are becoming better than the week before.

The Workouts

I are going to be using a variety of techniques to get you in shape at your current ability level. Some examples include walking, jogging, running or sprinting, kick boxing, Pilates, yoga, obstacle courses, strength training, games, drills and surprises. No two workouts will be alike. ...And you'll have fun doing it.

Attendance

Please e-mail or call me if you cannot be present at a class. Attendance is mandatory to see results. (give your phone number and e-mail).

Coaches

Put something about yourself here so they feel they get to know you before they meet you.

Over the next 4 weeks, I will be empowering you with information ranging from nutrition and exercise to lifestyle enhancement, time management, mental conditioning and motivation. Expect 3 e-mails a week from me.

I welcome any questions that you may have prior to getting started. Most questions can be answered at (enter website). For administrative information, call my assistant (name, phone number).

Please reply to confirm that you will be attending the nutrition seminar and include how many guests you will be bringing so we can have handouts prepared.

On Monday be prepared for activity, dress comfortably, have your water bottle, towel, mat, dumbbells and a great attitude. Your body is guaranteed to look awesome in your jeans 4 weeks from day one. We expect great things of you in the next 4 weeks.

I look forward to assisting you towards reaching and exceeding your physical goals – and more!

Sincerely your coach,

Signature

Title