

the
vitality
initiative

WELCOME PACKET

congratulations!

Dear Friend,

A big, warm HELLO and WELCOME to the Vitality Family! I am so excited you have decided to get healthy to experience lifelong vibrant vitality and I am honored you have chosen me as your mentor.

Whether you have come to me for *lasting fat loss, more energy, or simply to feel better consistently*, you are in the right place and I am deeply invested in your transformation. Together, you and I (and our entire vitality family) will walk together to help you get healthy so you can serve your family, your community, and the world more effectively with your passions, purpose, and gifts.

I promise to serve you authentically, in truth, and to be fully present during our time together. I only ask that you commit to this process and do the homework over the next weeks and months too, okay? That way, you will get the most out of this and your transformation will stick for life.

In this packet, you will find everything you need to know about how my service works. You'll learn things like how to schedule/cancel, our 30-day no questions asked guarantee, payment policies, and other pertinent policies and procedures. Please fill out all the required paperwork prior to our first session and bring it then.

I am so excited to work with you and cannot wait to see your transformation!

BE a blessing,



Gerilyn Burnett, Vitality Mentor

www.GerilynBurnett.com

Founder, The Fitinitiative

Creator, The Jump-Start Vitality: 30 Day Challenge

Operating a Nutrition & Fitness Practice Legally

Date: _____

Practitioner: Gerilyn Burnett, CSCS

(client name, please print)

Welcome to The Vitality Initiative! As you know, I am a practitioner of **nutrition** and **fitness**. I am not a licensed physician, nor am I a registered dietitian licensed by the state. The idea behind nutrition is that when properly grown and prepared, foods and the nutrients found in foods can be supportive of health, enhancing the quality of life and well-being. Fitness is a useful tool to extend lifespan while preventing muscle atrophy and injury as we age.

As a practitioner of **nutrition** and **fitness**, I will provide you with the following kinds of services:

- Diet and nutrition evaluation
- Individualized dietary guidance appropriate to your lifestyle and environment.
- Education and research on your health concerns.
- Health support complementary to that provided by licensed professionals.
- Individual fitness assessment.
- Customized fitness programming.
- Personal Training and Exercise Technique education.
- Safety and progression education.

Tennessee state law requires that you acknowledge receipt of the information provided in this form in order to use my services. I will keep the original in my records for at least three years.

Acknowledgement & Consent to Receive Services:

I have read and understand the above disclosure offered by **Gerilyn Burnett** at The Vitality Initiative LLC. I have discussed with **Gerilyn Burnett** the nature of the services to be provided. I understand that **Gerilyn Burnett** is not a licensed physician or a registered dietitian licensed through the State of Tennessee. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health provider. I have consented to use the services offered by **Gerilyn Burnett**, and agree to be responsible for the fees in connection with the services provided to me. I will provide 48-hours notice to cancel an appointment and 24-hours notice to reschedule. I am here as an individual on my own behalf.

Signed: _____ Date: _____

(client/parent/conservator/guardian)

policies & procedures

1.0 The Vitality Guarantee

Because I fully stand behind my programs, products, and services, I am happy to offer a **30-day No Questions Asked Guarantee** on all of my offerings. If you purchase a program, product, or service and are not fully satisfied with your results, or simply do not think we are a good fit together, you have 30 days from the official Start Date or Purchase Date to return it for a full refund, no questions asked. Please return any binders and/or cds within 5 business days of your refund.

2.0 Payment Policies

Payment is required at or before the start of the first session, whether in full by credit card, check, or cash; or the first down payment of the payment plan by credit card, check, or cash.

2.1 Paying In-Full

Paying in-full is the preferred payment method of The Vitality Initiative. This gets the money part out of the way so we can optimize your transformation. You may pay in-full for products and services at The Vitality Initiative by cash, check, or credit card. I use Amazon.com, a fully secure payment processing center to process payments by credit or debit card. Payment in-full is due at the start of the first session.

2.2 Paying with Automatic Installments

Paying with Automatic Installments is the preferred Installment Payment method. Payments are processed through Amazon.com and automatically deducted from your credit or checking account every 30 days until the entire cost of the program or service is deducted. There are no hidden charges or fees to pay this way. There is no cost to open an account on Amazon.com.

2.3 Paying with Installments

You may choose the Installment Plan for products and services at The Vitality Initiative and pay by cash, check, or credit card. I use Amazon.com, a fully secure payment processing center to process payments by credit or debit card. Payment through the Installment Plan is due at the start of the first session and the

following month(s) on or before the same day. For example, if our first session is on the 12th, then your first payment is due on the 12th, and the next payments are due on or before the 12th of the following month(s) until payment is completed in-full.

2.4 Missed Payments

In lieu of special circumstances arranged prior to payment due date, all sessions after the due date each month will be cancelled until the missed payment is made. The client is responsible for arranging and making payments. This is a firm policy.

The client's *Time Slot* will be saved for 14 days after the past due date before becoming available for other clients. If client pays before the end of the two week grace period, the client may continue with the next scheduled session in their time slot. If, however, the two week period passes, the client must re-schedule their preferred time slot with the knowledge that their original slot may no longer be available.

2.5 Refunds

Refunds requested within the first 30 days of Vitality Renewal Programs are completely refunded, no questions asked. Refunds requested after the first 30 days of the program may be partially refunded on a per case basis.

3.0 How to Schedule, Cancel, & Reschedule Sessions

An online scheduling service, [SuperSaas](#), is used to schedule your time slot for your Energized Coaching Sessions. You will need to create an account, pick your ideal time slot, and confirm the appointment.

3.1 Making Appointments

Use this link (http://www.supersaas.com/schedule/Vitality_Initiative/Energized_Coaching_Sessions) to access the Client Log In page. Click the link "Create a new user account" to create your account and schedule your session time.

Upon creating your account, you will be taken to the Energized Coaching Schedule for the current week. To schedule your first session, find the date and time that works best for your sessions each week. Click on the time slot of your choice, then click "New Reservation."

Fill in the appropriate information and click "Create Reservation." Your reservation will automatically be reserved for this day and time every week. You

will be sent an email confirmation 24 hours prior to your confirmed session every week.

3.2 Keeping Appointments

Please arrive to your sessions on time or a few minutes prior. If sessions are through Skype, by telephone, or other conference service, please remove all distractions prior to appointment time and silence all devices that may distract our time together.

Late appointments will NOT go over the allotted time frame. If you are late for more than 3 sessions in a row, you will be asked about it and possibly asked to end the client relationship.

No refunds will be given for contracts ended this way, so please be respectful of both of our schedules.

3.3 Canceling Appointments

Appointments may be cancelled 2 or more days in advance, unless prior arrangements are made for extenuating circumstances.

Please use the [online scheduling service](#) to cancel your appointment.

To cancel, log-in at this link (http://www.supersaas.com/schedule/Vitality_Initiative/Energized_Coaching_Sessions), find the session you wish to cancel marked by a big green checkmark and click on it. You will see your name in the time slot.

Click on the 'edit' icon on the far right of your name (a piece of paper & pencil). Click the Change "Only This One" button and "Update Reservation" to cancel your reservation.

3.4 Rescheduling

Use the [online scheduling service](#) to reschedule your appointment. Note: There is no guarantee that there will be availability beyond your reserved day and time.

After logging in, find your preferred day and time slot on the calendar for the rescheduled session. Click on it to see if the slot is full or open. Open slots will say "You have no reservations for this slot" upon which you may make a reservation. Full slots will say "full" in red in the upper right corner.

To schedule your first session, find the date and time that works best for your sessions each week. Click on the time slot of your choice, then click "New Reservation."

Fill in the appropriate information and click “Create Reservation.” Your reservation will automatically be reserved for this day and time every week even though this is a Rescheduled Appointment. The administrator will remove the extra appointments for you. You will be sent an email confirmation 24 hours prior to your confirmed session.

4.0 Let’s Become Referral Partners

When you get healthy, you transform the world through your positive, vibrant influence. Part of this is sharing your transformation with others so they can experience great things too! I’d love to partner with you to help more women just like you get their transformation.

For every new client that you refer, you’ll be rewarded in your method of choice. Be sure to fill out the paperwork in this packet that asks for your specific reward of choice!

5.0 I May Ask You For a Testimonial

When you get good results, I want to attract more people like you! So, I’m going to ask you to write a short paragraph or film a short clip of your experience so we can let other people know how to do this too.

You’ll be asked to answer three simple questions: *What are your specific results you’ve gotten with _____ program? Would you recommend this program or working with Gerilyn to others? Why?*

6.0 Customer Service

Your satisfaction is my top priority at the Vitality Initiative. In fact, it’s my mission to create contagious healthy experiences that make healthy sticky in your life, for life. Unless otherwise noted, your email or phone call will be answered within 24 hours. Exceptions include national holidays (United States) and prearranged vacations and meetings that you will be given at least one week’s notice about.

7.0 Availability

I deeply invest in your transformation and want to fully support you throughout your transformation. At the highest levels of our programs, I am completely available anytime through text, email, and phone calls anytime. This is so you can

call me if you're in the grocery store and unsure of what to buy, or send a quick text with a question at a restaurant.

Please respect my availability, however, and be patient. I will respond as soon as I see the call or text, but understand that I may be at dinner, family time, or in a meeting and that it may be 30 minutes - 3 hours before I can respond.

8.0 Client/Coach Relationship

Your specific health concerns and personal information that you share with me will be kept strictly confidential unless otherwise noted (this does not include results you have included in testimonials). The Health Assessment Questionnaire, session details, notes, texts, and emails will only be seen by me, not a staff member or other employee.

Photos, inches, and detailed data will be kept strictly confidential until released by the client for use in promotional materials and marketing.

9.0 Intellectual Property

I have spent my entire life preparing for the services you enjoy through programs at the Vitality Initiative, so my products are the sum of my life experience, extensive scientific research, strength and conditioning training, and experience working with others.

Please respect the intellectual property contained within your curriculum and do not make photocopies for others or distribute the pdf's without express written permission.

Showing your binder to a friend is one thing, but making copies for them to have and distribute in any form will not be tolerated. Violators will be pursued to the full extent of the law.

all about you

Full Name: _____ Date of Birth (MM/DD/YR) ___/___/___

Address: _____

Email: _____ Phone: _____

Preferred Method of Contact: (circle one) Email Phone Call Text

What are your current vitality improvement goals? (fat loss, health, energy, lifestyle improvements, etc.)

in the next 30 days? _____

in the next 60 days? _____

in the next 90 days? _____

in the next 2 years? _____

Share your story. What's your fat loss, health, &/or lifestyle improvement story?

What are you currently doing to improve your vitality? _____

Let's talk CHALLENGES

What are your biggest challenges? _____

Of these, which one is the **biggest issue**? Please circle it above.

What opportunities are you NOT taking advantage of? _____

What do you want me to do if you resist? _____

Let's talk REWARDS

When you refer a new client to one of our transformation programs, what sort of gift would you like?

___ A gift card (to where? _____)

___ A bottle of wine (red/white)

___ A box of gourmet dark chocolate

___ Other: _____

weekly progress

Every week, we will:

- **Check-in:** How are things going? What's working? What's not? How is your progress matching up with your goals?
- **Laser Coaching:** You will be given specific tasks to improve your progress and results.
- **In-depth Training** (during coaching session, audio recording, or webinar recording): As you experience results, we will reinforce them with the 'whys' to ensure the stickiness of your long-term results.

post-call

After our sessions, you are responsible for your progress over the next week. Take the list of Action Steps we discussed in our call, and write one way you can achieve each step over the next week. Carry them with you and look at them often throughout the week.

Please Choose Your Payment Plan:

Fitinitiative PRIVATE CLIENT, CHOOSE YOUR PAYMENT PLAN:

OPTION 1: Invest in full at **\$1497** and save a generous \$541. If you choose this option, you will receive a BONUS 6-Month ALL-ACCESS Pass to Gerilyn to ensure your transformation sticks! (Gerilyn charges \$300 a month for alumni to continue enjoying ALL-ACCESS beyond the program; but you get this ALL-ACCESS Pass at no-charge for your in-full tuition payment)

OPTION 2: Secure your position via a **\$450** installment and divide the remainder of your investment in four equal monthly payments of \$397 beginning thirty days after your program begins.

Choose Your Deposit Method:

If more than one card is listed for full payment, we will be happy to divide payments among these cards. If you opted for monthly payments, please list a second card for us to keep on file as a backup.

Print Name: _____

CREDIT CARD #1:

Card Number: _____ Expiration Date: _____
CVV: _____

CREDIT CARD #1:

Card Number: _____ Expiration Date: _____
CVV: _____

Phone Number: _____
Billing Address: _____
State, Zip: _____
Country: _____

SIGNATURE: _____ **Date:** _____

Thank you for your application and agreement. We will personally review it and will contact you to let you know if you are approved.

Vitality Renewal Participant Agreement

By signing where indicated below, you irrevocably agree that, if The Vitality Initiative, LLC (the “**Company**” or “we/us” approves your Application and accepts you as a Vitality Renewal program (the “**Program**”) member, then this automatically becomes a binding contract between you and the Company, and applies to your participation in the program. By signing below, you are acknowledging that you have read, agree to and accept all of the terms and conditions contained in this Agreement. Because we believe in constant innovation, you agree that that the form and nature of the program may change from time to time without prior notice to you. We may amend this Agreement at any time by sending you a revised version at the address you have provided.

By completing the Application and signing below, you authorize the company to charge your credit card or debit card, or cash your check, as indicated, as payment for your membership in the Program, if the Company approves your Application and accepts you into the Program. Furthermore, you agree that if you are accepted into the Program, you are responsible for full payment of fees for the entire 3-month course of the Program, regardless of whether you actually attend or complete the Program, and regardless of whether you have selected a lump sum or payment plan. To further clarify, no refunds will be issued and all payments must be made on a timely basis. If payments are not made on a timely basis (within 14 days of the past due date), the Company reserves the right to place Program benefits on hold.

We are committed to providing all Program participants with a positive Program experience. By signing below, you agree that the Company may, at its sole discretion, terminate this Agreement, and limit, suspend, or terminate your participation in the Program without refund or forgiveness of monthly payments if you become disruptive or difficult to work with, if you fail to follow the Program guidelines, or if you impair the participation of Program instructors or participants in the Program.

We respect your privacy and must insist that you respect the privacy of fellow Program participants. By signing below, you agree not to violate the publicity or privacy rights of any Program participant. We respect your confidential and proprietary information, ideas, plans and trade

secrets (collectively, “Confidential Information”) and must insist that you respect the same rights of fellow Program participants and of the Company.

By signing below, you agree (1) not to infringe any Program participant’s or the Company’s copyright, patent, trademark, trade secret or other intellectual property rights, (2) that any Confidential Information shared by Program participants or any representative of the Company is confidential and proprietary, and belongs solely and exclusively to the participant who discloses it or the Company, (3) you agree not to disclose such information to any other person or use it in any manner other than in discussion with other Program participants during Program sessions. By signing below, you further agree that (4) all materials and information provided to you by the Company are its confidential and proprietary intellectual property, belong solely and exclusively to the Company and may only be used by you as authorized by the Company, and (5) the reproduction, distribution and sale of these materials by anyone but the Company is strictly prohibited. Further, by signing below, you agree that, if you violate, or display any likelihood or violating, any of your agreements contained in this paragraph, the Company and/or other Program participant(s) will be entitled to injunctive relief to prohibit any such violations to protect against the harm of such violations.

We have made every effort to accurately represent the Program and its potential. Claims of actual weight loss, inches lost, and health results can be verified and examples of actual results can be provided upon request. The testimonials and examples used are not intended to represent or guarantee that anyone will achieve the same or similar results. Each individual’s success depends on many factors, including his or her background, dedication, desire, and motivation. By signing below, you also acknowledge that you have represented to the Company that payment of your Program membership fee will not place a significant financial burden on you or your family.

The Program instructors are not qualified to provide legal, tax, accounting or financial advice, and the information provided to you by the Program instructors is not intended as such. You should refer all legal, tax, accounting, and financially related inquiries to appropriately qualified professionals.

Print Name: _____ **Date:** _____

Signature: _____