



AGREEMENT FORM

Name and Surname:

Date of Birth:

Physical Address:

Cell Number:

(W):

Email:

Doctors Name:

Tel:

In case of emergency, whom may we contact?

Name:

Relationship:

Cell:

(W):

ZANE DU PLESSIS
DIRECTOR

zane@eminencefit.com // 079 310 4560

KEZLEIGH MELVILLE
DIRECTOR

kezleigh@eminencefit.com // 081 580 2134



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HAVE YOU OR DO YOU SUFFER FROM ANY OF THE FOLLOWING.

(Please tick & give details where applicable)

Asthma	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	Dizziness/fainting	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Joint Pain	<input type="checkbox"/>

DETAILS:

Heart attack	Heart operation	Congenital heart disease	High cholesterol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever broken any bones? Yes ☐ No ☐ If yes give details.

Do you have any injuries?

Date of onset & duration

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Treatment to date

Previous diagnoses

Do specific activities or positions alleviate your symptoms? Yes ☐ No ☐ If yes give details.

Do you experience fatigue or lack of energy? If yes provide details.

What is your current weight?

Occupation; please explain your position along with the physical and mental responsibilities involved.

How much time do you spend in a seated position?

On a scale of 1 to 10 (1=not active, 10=very active) please rate how active you are on a daily basis?

How many hours sleep do you get every day?

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Do you consider yourself to be under stress? If yes provide details.

Are you currently involved in any exercise programme? If yes, please list how long and what type of exercises.

Have you ever had a personal trainer? If yes provide details of when and for how long?

How did you find out about my services? Give details.

Do you smoke? Yes ☐ No ☐ If yes, how many per day

Do you follow, or have you recently followed, any specific dietary intake plan, and in general how do you feel about your nutritional habits?

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Daily Dietary Intake

No. of cups of coffee	Amount of sugar
No. of cups of tea	Chocolates
Glasses of Coke/Soda	Sweets
Glasses of milk	Alcohol
Glasses of water	Portions of fruit
Portions of vegetables	

Please list THREE goals in order of importance:

1.

2.

3.

Where are you now in relation to your goals?

Do you have a supplement budget, if so, what is it?

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal?

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CHOOSE YOUR PLAN

3 Month Enhanced Lifestyle Plan

This package is designed for the individual looking to transform the way they look and feel about themselves and their lifestyle. In the three phases of this package we will alter the plans to each individual's progress and willingness to change. This program is the initiation phases of completely changing your entire body.

PACKAGE INCLUDES:

- Customized nutrition program altered to your needs and progress every 4 to 6 weeks.
- Customized training plan altered every 6 to 8 weeks depending on progress and ability to adapt to different training methods
- 12 weeks of access to our virtual mobile application which includes user friendly video tutorials of each exercise specified on your exercise plan.
- One weekly check in with fitness coach on mobile application for any queries or complications with regards to plans. Coach will have 48 lead time to respond.
- Updated body stats and weigh in every 4 weeks.
- Supplementation recommendations and step by step preparation instructions.

Payment Terms:

- 3 months at R 1799 per month with a R1000 once off registration fee
- Payments to be made on the 25th of every month
- 1 Months Cancellation fee on this package
- There are no refunds on this service

All students will qualify for 25% discount if presented with current student card

Corporate clients exceeding 5 members qualify for 20% discount on monthly rate, 50% discount on registration fee.

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Disclaimer

I _____ (Full Name), hereby acknowledge that the information provided by Eminencefit, and or its employees, which may include dietary plans, nutrition and training plans has been developed by Zane Du Plessis through training, research and results based outcomes through the duration of his work experience in the fields of Fitness and Health.

1. I further agree and understand the risks involved in participating in the Eminencefit program which include but may not be limited to the various injuries and health related .
2. We make every effort to ensure that we accurately represent these products and services and their potential for results. There is no guarantee that you will experience the same results and you accept the risk that the muscle building results, fitness results, competition results and fat loss results differ by individual.
3. We make no guarantees concerning the level of success you may experience, and you accept the risk that results will differ for each individual. The testimonials and examples provided are exceptional results, which do not apply to the average purchaser, and are not intended to represent or guarantee that anyone will achieve the same or similar results.
4. Each individual's health, fitness, and nutrition success depends on his or her background, dedication, desire, and motivation. As with any health-related program or service, your results may vary, and will be based on many variables, including but not limited to, your individual capacity, life experience, unique health and genetic profile, starting point, expertise, and level of commitment.
5. There is no assurance that examples of past fitness, competition, muscle building and/or fat burning results can be duplicated in the future. We cannot guarantee your future results and/or success. Nor can we guarantee that you maintain the results you experience if you do not continue following the program. We are not responsible for your actions.
6. The use of our information, products and services should be based on your own due diligence and you agree that our company is not liable for any success or failure of your physique that is directly or indirectly related to the purchase and use of our information, products and services.
7. We present real world experiences and insights on other people's experiences for purposes of illustration only.

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8. The testimonials, examples, and photos used are of actual clients and results they personally achieved. Each client has approved these testimonials, examples, and photos for use in materials to speak to our program, service, and/or product capabilities, but they are not intended to represent or guarantee that current or future clients will achieve the same or similar results. Rather, these client stories represent what is possible with our programs, services, and/or products.
9. Before beginning any diet plan or exercise program it is your sole responsibility to seek the advice of a physician before starting. It would be in your best interest to have a physical done, including blood work, EKG, and other health related exams that will help determine whether you are physically fit enough to begin such a rigorous exercise plan and diet.

Signature:

Date:

Banking Details	
Account Name:	Eminencefit
Account type:	FNB Business account
Account Number:	62798513927

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