

License Application



Thank you for your interest in becoming a GERI-FIT® Fitness Program Licensee. We are looking for committed, creative and enthusiastic fitness and medical professionals to help expand this exercise program throughout the United States.

Please print out this License Application, fill in all the required fields, then return it to:

GERI-FIT COMPANY LLC
28360 Old Town Front St.
Box 2522
Temecula, CA 92593

Once we receive your License Application, a Geri-Fit representative will be in touch with you. If you have any questions, please feel free to call us at 1-888-GERI-FIT.

License Application



Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Company or Facility Name _____ Years in Business _____

License Information

License will be purchased for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Wellness Center | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Retirement Center | <input type="checkbox"/> Health Club | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Individual City |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Karate Studio | <input type="checkbox"/> Other _____ |

Facility where classes will be held _____

At how many locations are you planning to teach class? _____

In which cities, townships or counties do you wish to offer class? _____

When are you planning to begin class? _____

Will you be the instructor? ___ Yes ___ No

General Information

How did you hear about GERI-FIT®? _____

Have you ever taken GERI-FIT® before? Yes No If yes, when? _____

Have you ever owned your own business or franchise? Yes No

Please share any training or background experience relevant to becoming a GERI-FIT® licensee: _____

Training, Certifications or Licenses (PT, OT, Instructor, etc.): _____

List any hobbies, community activities, special interests or other relevant information:

Background Information

Of which country are you a citizen? _____

Have you ever been convicted of anything other than a minor traffic violation? Yes No

Has any judgement ever been entered against you, your company, or your employer where you were one of the litigants? Yes No

Are you involved in a pending litigation? Yes No

Have you or your spouse ever declared personal bankruptcy? Yes No

If you answered yes to any of the above questions, please explain: _____

References

Please list three references, excluding employers and relatives.

Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Please complete the following statement:

I am confident I can be a successful GERI-FIT® Program Licensee because _____

Comments or Questions: _____

Acknowledgement

By submitting this application, you agree to these terms: I hereby acknowledge the information in the application to be true and correct. I understand that this application is in no way binding to the applicant. I understand that this information will be used to assess the suitability and qualifications of the applicant. I also understand that any license information I may receive from GERI-FIT® COMPANY LLC is confidential and may not be used or shared with other individuals or organizations without the express written consent of GERI-FIT® COMPANY LLC.

SUBMIT

Signed: _____ Date: _____