

SUPPLEMENT TESTING CONTRACT

Volunteer Promises and Acknowledges:

- 1) I live or workout in or near North Fulton County, GA.
- 2) I have worked out or lifted weights on a regular basis over past two years.
- 3) I have not used anabolic steroids, growth hormone or other prescription drugs that may have altered my physique in the past three months.
- 4) I have not had significant weight or strength changes in the past three weeks.
- 5) I have not used any body building supplements in the past 2 weeks other than vitamins and protein with the exception of just completing one supplement test and registering no improvements.
- 6) I will not make any significant changes to my workout routine or diet during the testing period with the following exception: If I am testing a fat reducing supplement that curbs my appetite, I may eat less.
- 7) I will follow the directions on the supplement label throughout the testing period as much as tolerable.
- 8) During the testing period, I will not use any anabolic steroids, growth hormone, other prescription drugs or other bodybuilding supplements that might affect the results of this test (this does not include vitamins and protein supplements that I normally take).
- 9) I will remain on the supplement for four weeks or the agreed upon test period.
- 10) I have no affiliation with supplement industry.
- 11) I chose the supplement I am testing, I accept all risk of injury and I hold Supplementtests.com Inc. and its agents harmless for all accidents and injury.
- 12) The supplement(s) I will be testing is (are) _____ by _____

VOLUNTEER NAME _____ SIGNATURE _____ DATE _____

VOLUNTEER CELL PHONE _____ VOLUNTEER EMAIL _____

SupplementTest.com Representative Promises:

Upon completion of the above and testing data obtained, I promise to pay volunteer _____.

SUPPLEMENTTEST.COM REP Jamie Mainous SIGNATURE _____ (CEO) DATE _____

REPRESENTATIVE CELL # 770-639-2529 REPRESENTATIVE OFFICE # 770-441-0822

VOLUNTEER DATA

AGE	_____	SEX	M_____ F_____
YOU TRAIN A MUSCLE EVERY	_____ (days)	AVE CARDIO PER WEEK	_____ (hrs)
AVE # OF SETS PER BODY PART	_____	AVE EXERCISE PER WEEK	_____ (hrs)
START DATE	_____	ENDING DATE	_____
BEGINNING BODY WEIGHT	_____ (lbs)	ENDING BODY WEIGHT	_____ (lbs)
BEGINNING BICEP	_____ (inches)	ENDING BICEP	_____ (inches)
BEGINNING WAIST	_____ (inches)	ENDING WAIST	_____ (inches)
BEGINNING BODY FAT	_____ %	ENDING BODY FAT	_____ %
BEGINNING LEAN BODY MASS	_____ (lbs)	ENDING LEAN BODY MASS	_____ (lbs)
BENCH PRESS TEST WEIGHT	_____		
OR BICEP CURL BAR TEST WEIGHT	_____		
BEGINNING # OF REPS	_____	ENDING # OF REPS	_____

SIDE EFFECTS NOTED: _____

CIRCUMSTANCES THAT MAY HAVE AFFECTED RESULTS _____

GENERAL COMMENTS: _____

I CERTIFY THE ABOVE IS TRUE AND THAT I HAVE RECEIVED _____ FOR DOING THIS TEST.

SIGNATURE _____ DATE _____