

Personal Training Agreement

Name: _____ Address: _____ _____ Phone No.: _____	Date: _____ Trainer's Signature: _____ _____ Membership: _____
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	Date	Time	Trainer's Signature	Client's Signature
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Member's Last Name

First Name

Date

Trainer's Signature

Polices and Rules

1. Client must sign for each session at the time of workout initials _____
2. We reserve the right to provide a substitute trainer in the event that the original trainer is unable to conduct the workout for any reason.
The substitute trainer will be certified in Personal Training.
3. A 24 hour cancellation is required; otherwise the member will be charged for the missed session.
4. The terms and conditions of this agreement expire at the date stated below. After the expiratio date we reserve the right to terminate this Agreement regardless of unused sessions.

Release of Liability and Assumption of Risk

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity. Having such knowledge, I hereby acknowledge and release any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program. I choose to participate of my own free will. In consideration of the permission to participate extended to me and for the services furnished to me I do hereby for myself, my heirs, spouse, children, unborn children, personal representatives, and agents release and forever discharge any and all claims, demands, actions or lawsuits on account of my injury or death that might occur as a result of negligence on the part of myself or other persons affilitated or not affilitated with this contract. By signing below I (we) affirm that I (we) have read and understand all of my (our) rights as outlined in this agreement.

 Member's Signature/Cosigner Date

 No. of Sessions Start Date Expiration Date

Accounting
Total \$ _____
Minus - Deposit _____
Equals = Balance _____

Payment Plan
\$ _____ / _____ amount due date
\$ _____ / _____ amount due date
\$ _____ / _____ amount due date