

Personal Training Contract/Agreement

Congratulations on your decision to participate in an exercise program! With the help of your personal trainer, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The details of these training sessions can be used for a lifetime.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, exercise and healthy eating are EQUALLY important!

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

It is recommended that all program participants work with their personal trainer three (3) times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

Personal Training Terms and Conditions

1. Personal training sessions that are not rescheduled or canceled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session.
2. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
3. The expiration policy requires completion of all personal training sessions within 120 days from the date of the contract. Personal training sessions are void after this time period.
4. No personal training refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

Description of program:

Total investment: _____

Method of payment: _____

WE WISH YOU THE BEST OF LUCK ON YOUR NEW PERSONAL TRAINING PROGRAM!

Participant's name (please print clearly)

Participant's signature

Date: _____

Parent/guardian's signature (if needed)

Date: _____

Witness' signature

Date: _____