



Congratulations on your decision to participate in an exercise program! With the help of your personal trainer/ Group Exercise instructor 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) _____

Date: _____

Participant's signature _____

Date: _____

Parent/guardian's signature (if needed) _____

Date: _____

Witness' signature _____



PAYMENT INFORMATION

Payment Plans:

Plan A: Automatic bank account debit on the first of each month. Provide a voided check (no check cards or deposit slips). *Receive \$3 discount per month.*

Plan B: Automatic credit card payment on the first of each month.

Plan C: Payment of tuition in full at registration to cover classes through season. *(Check, cash, or money order only).*

Physical Assessment Fee

New Clients: \$30

Returning Clients: \$30

I have chosen payment plan _____. Registration Fee: \$_____ Monthly Tuition: \$_____

*I understand that one make-up class is permitted for each class my child misses. Make-up classes must be taken within 30 days of the missed class(es). I also understand that all fees paid are **nonrefundable and nontransferable**. The parent or guardian is responsible for notifying, in writing, FitWithFee llc Studio of any change to the credit card or checking account. The returned check/declined card fee is \$35. Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court or 15% of the amount collected failing such determination.*

PERSON RESPONSIBLE FOR PAYMENT:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

WITNESS *(Must be at least 18 years of age):* _____

RELEASE AND AUTHORIZATION