



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.

A physician's examination is recommended for (1) all participants with any exercise restrictions; and (2) all men greater or equal to 45 years old and all women greater or equal to 55 years old. Personal training participants in either or both of these categories who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance. By signing below, you accept full responsibility for you 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 POLICIES & PROCEDURES (TERMS AND CONDITIONS) IS REQUIRED TO BE READ AND SIGNED. ATTACHED TO THIS CONTRACT.

Description of program: _____

Total investment: _____

Method of payment: _____



WISH YOU THE BEST OF LUCK ON Y OUR NEW PERSONAL TRAINING PROGRAM!

“You, the buyer, may cancel this agreement at any time prior to midnight of the fifth business day of the health studio after the date of this agreement, excluding Sundays and holidays. To cancel this agreement, mail or deliver a signed and dated notice, or send a telegram which states that you, the buyer, are canceling this agreement, or words of similar effect. The notice shall be sent to,

(Name of health studio operator)

At _____

(Address of health studio operator)

Participant’s name (please print clearly)

Date: _____

Participant’s signature

Date: _____

Parent/guardian’s signature (if needed)

Date: _____

Witness’ signature