|  |  |
| --- | --- |
| **Client’s Full Name** |  |
| **Address (Include city & state)** |  |
| **Phone Number** |  |
| **Email** |  |
| **Emergency Contact (Name)** |  |
| **Emergency Contact (Number)** |  |



**PERSONAL TRAINING AGREEMENT**

**Training Sessions**

* Clients must wear appropriate workout attire. (no jeans, sandals, or open toed shoes)
* Client is expected to arrive on time for scheduled sessions. Failure to do so may result in shorter training session or additional fees.
* Training sessions cancelled by client are non refundable. A 24 hour notice is requested for any cancellations. Make up sessions may be available upon availability.
* All clients are required to pay weekly or monthly fees. Training fees are non refundable. Terms of sessions including days, times, and fees will be listed on page 2. Additional sessions will require additional fees.
* Results vary per client. S.I. Fitness will give you 100%, in return we ask that you do the same and remain dedicated for maximum results.

**Liability Waiver**

You agree that by participating in these physical exercise sessions and/or personal training sessions you do so entirely at your own risk. This includes, without limitation, (a) your participation in any activity, class, program, personal training or instruction and (b) our instruction, training, supervision, or dietary recommendations. You agree that you are voluntarily participating in these activities and you assume all risks of injury. You expressly agree to release and discharge your personal trainer from any and all claims or causes of action. This waiver and release of liabilty includes, without limitation, all injuries to you which may occur. It is highly recommended before beginning any exercise or training program you obtain a physical exam from a doctor. By signing below you acknowledge you have read this in its entirety and agree to all terms.

**Signature Date**



**PERSONAL TRAINING SESSIONS**

|  |  |
| --- | --- |
| **WEEKLY OR MONTHLY PAYMENTS** | **Monthly Payments** |
| **TOTAL COST WEEKLY/MONTHLY** | **120 per month** |
| **NUMBER OF SESSIONS WEEKLY** | **3** |
| **LENGTH OF SESSIONS** | **45-1 hour** |
| **DAYS OF SESSIONS** |  |
| **TIME OF SESSIONS** |  |