



Personal Training Contract

Client Name (print): _____

Address: _____ City: _____ Postal Code: _____

Date of Birth: _____

Phone: Work _____ Home/Cell: _____

Email Address: _____

Emergency Contact: Name _____ Phone: _____

Payment

The Client agrees that no refund shall be given if the program is not completed by the Client or a session is missed.

The Client agrees to pay for the selected program in full prior to the start date that is agreed upon.

Eligibility

The Client confirms they have sought medical advice and that they have been cleared to participate in a personal training/fitness program by their physician and have no restrictions or

If the Client has any health-related restrictions that have been discussed with their physician or health care provider, the Client has provided the Trainer with all documentation needed to proceed with the program safely with clearance from the physician.

The Trainer reserves the right to end the program if a potential risk evolves and will refer the Client to seek guidance from their health care provider before continuing any training.

The Client understands that the trainer is a Certified Nutritionist and not a Registered Dietitian. All information provided by the Trainer are samples and basic nutritional information to guide the Client.

The Client will wear appropriate work out attire and close toed shoes that are safe in an exercise environment.

If the Client is under the age of 18, the parent/legal guardian has fully authorized the Trainer to conduct training with the minor and accepts responsibility to have the Client follow all terms and conditions.

Client Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____