



PERSONAL TRAINING CONTRACT & AGREEMENT

Thank you for choosing to work with Active Daily Living. Please review the information below so that you are familiar with personal training policies.

- **Free Initial Consultation**
- **Single Training Session: \$45**
- **Explore Package (4 sessions): \$150 – saves \$7.50 per/session 1 time only**
- **Training Package (8 sessions): \$320 – save \$5 per/session**
- **Training Package (12 sessions): \$450 – save \$7.5 per/session**
- **Small Group (2-3 people): \$60 per/session**
- **Large Group (4 or more): \$80 per/session**
- **Special Client package: \$400**
 - **Assessment**
 - **Program Development**
 - **Consultation and Collaboration with physical therapist/physician/chiropractor and/or other health professional as needed**
 - **10 Training Sessions**
 - **Assessment only: \$50**

Note: 6-month expiration on all packages, and 24-hour cancellation notice required.

Contract

1. Fees:

Payment of fees _____ for _____ personal training will be due prior to beginning of sessions unless payment options are arranged.

2. Scheduling:

Sessions are to be made by appointment only. Appointments can be made in person, by phone, or by e-mail.

3. Cancellations:

All clients are required to give a 24-hour notice. If the notice is less than 24 hour, it will be considered a training appointment and the client will be charged for that time.

Date: _____ Client Name: _____

Amount Paid: _____ Amount Due: _____

(Trainer Signature)

(Client Signature)

Agreement

I, _____, do hereby recognize and agree as follows:

1. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusable symptoms occur, I will cease my participation and inform you of the symptoms.

2. I recognize there is a risk for strained muscles, sprained joints, heart attack, brain attack, and other medical incidents during or after physical activity. I may choose to participate in activity and wellness assessments and understand that the results of these assessments are not to be construed as diagnostic.

3. I understand that personal training may include efforts that stress the cardiovascular, neurological, muscular, skeletal, and other physiological systems of the body. The reaction of these systems to physical activity cannot be predicted with complete accuracy.

4. I will inform the personal trainer of unusual symptoms and may elect to cease activity. I acknowledge that Active Daily Living recommends that I consult with my physician prior to beginning a personal training program if I have any reason to believe that exercise may cause some harm or present a danger to me.

5. To the fullest extent permitted by law, I hereby forever, indemnify, release and hold harmless Active Daily Living, from any and all liability, claims, damages, losses and expenses of any kind (including attorney fees) for property damage or personal injury, including disability or death, which may arise in any way out of my participation in personal training with Active Daily Living unless such expense, injury or property damage result solely from the gross negligence or willful misconduct of Active Daily Living.

I have read and understand this Personal Training Agreement and Release of Liability and understand that I am assuming certain risk. I agree to all terms of the Release and hereby sign it freely and voluntarily.

X _____ Age _____ Date _____
(Participant's Signature)

PARENT/GUARDIAN OF PARTICIPANT UNDER AGE 18 AT TIME OF REGISTRATION

I hereby certify that I am the parent or legal guardian for this participant. I do hereby and agree to his/her release as provided above. In addition, I agree on behalf of myself, my heirs and assigns that all the terms and conditions of this Release, including the indemnity provisions, shall apply in full force and effect to us as those terms may relate to my minor child's participation in personal training.

X _____ Phone # _____ Date: _____
(Parent/Guardian Signature)