

## ONEMANARMY TRAINING CAMP

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

The above named individual hereby contracts with \_\_\_\_\_(trainer).

Total contract for \_\_\_\_ sessions at a rate of \_\_\_\_\_

### **Cancellation Policy:**

In case of emergency the trainer may reschedule planned workouts, in case a make-up session will be scheduled. If less than 24 hours' notice is given, client will receive one free session. If trainer is tardy or must leave session early, the fee for the session will reflect the reduced time. In accordance with this policy, the client will be charged for sessions cancelled by the client with less than 24 hours' notice. The client's late arrival for or early departure from a scheduled workout will not reduce the fee.

As the client, I agree to the above details, I understand that any exercise program involves some physical risk. I am physically sound and/or have received medical clearance from a doctor if necessary. I will not hold the trainer responsible for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with session with my trainer. I agree to abide by the recommendations of my physician and my personal trainer when embarking on my new exercise program.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the trainer, I have read above contract and waiver. I will evaluate my client's health and personal goals and use my professional training and skill to assist my client in the transition toward their desired health and fitness goals.

Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ONEMANARMY PERSONAL TRAINING CONTRACT

Client Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

I understand and agree to the following terms and conditions:

**1. Fees:**

The amount due each month is \_\_\_\_\_.

**2. Cancellations:**

Please notify me at least \_\_\_\_\_ in advance of the scheduled workout. If I have not been notified before the designated time, you will be billed for your absence.

**3. Start Date:** \_\_\_\_\_

**4. Times/Days of Each Session:** \_\_\_\_\_

I have read and understand the above contract:

\_\_\_\_\_  
Personal Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

