

SPECIAL NEEDS FITNESS TRAINING AGREEMENT

PERSONAL INFORMATION:

Date: _____

Name: _____
Last First

Address: _____
Street Town/State Zip Code

Phone: () _____ E-Mail: _____@_____ DOB: __/__/__

Agency: _____ (if applicable) Manager/Guardian: _____ (if applicable)

MEDICAL QUESTIONNAIRE: (Please answer the following questions)

- | | | |
|---|-----|----|
| 1. Do you have a Disability? | Yes | No |
| 2. Do you have any physical conditions that are currently causing you pain? | Yes | No |
| 3. Do you have juvenile or adult diabetes? | Yes | No |
| 4. Are you currently taking medication? | Yes | No |
| 5. Do you have high blood pressure? Low blood pressure? | Yes | No |

If you answered yes to any of the above, please explain: _____

Your health and fitness goals are? (Example: lose weight, feel better, create healthy habits): _____

EXERCISE HABITS:

1. On average, how many days per week do you exercise? (Please check one)
- 2 or more days per week Less than 2 days per week No regular exercise program

2. What type of exercises do you perform? (Please check all that apply)

Walking Running Weight Training Stretching Other: _____

TERMS & RELEASE:

The release is between the undersigned and The HOPEFitness Foundation. The mission of HOPEFitness is to provide excellence in exercise opportunities for our Clients. The undersigned agrees to the following which has been explained to them:

- A. HOPEFitness instructors are not doctors, nor are they to provide any medical advice.
- B. EXERCISE is a tool for learning about oneself and furthermore HOPEFitness does not guarantee to produce neither good nor bad results in each Individual.
- C. SUGGESTIONS may be made to participate in the following: swimming, walking, yoga, or nutritional services as part of a healthy lifestyle.
- D. POTENTIAL for injury is a risk of participating in an exercise program. The Client assumes the risk and waives any right to sue for liability of personal injury, disability or death.
- E. PERSONAL medical information requested by HOPEFitness is used for the purpose of creating a safe and fun exercise program and is provided by Client for that purpose alone.
- F. FEES for Group Fitness Training shall be \$ _____ per month. The Client understands that he/she shall be charged regardless of attendance until such time that this contract is cancelled in writing. Sessions are non-transferable and non-refundable.
- G. FEES for Personal (1 on 1) Training shall be based upon the package chosen by the Client. Frequency of sessions shall be decided by the Client and Trainer. Sessions are non-transferable and non-refundable.
- H. FREQUENCY shall be _____ times per week for Group Fitness Training and _____ times per week for 1 on 1 Personal Training sessions.
- I. TRAINING session shall begin on ____/____/____ and are to be performed ____ Weekly ____ Other.
- J. PAYMENT must be made prior to services being rendered and a late charge of \$5.00 per month shall be added to all unpaid invoices over ten (10) days. The Client/Guardian understands that he/she shall be responsible for all fees (legal, etc.) incurred in connection with obtaining payment. All changes to be made in writing only.

I, the undersigned acknowledge that I should consult with my physician before undertaking a physical exercise program. I understand HOPEFitness staff has no expertise in diagnosing, examining or treating any medical condition. I assume all risk of loss, damage and theft to my personal property while on HOPEFitness premises. I, the undersigned agree that this document is the full agreement between HOPEFitness and myself. Similarly, I have entered into this agreement free and voluntarily without force or coercion.

Client or Parent/Guardian Signature: _____

Date: _____

And/Or

Manager/Company Representative Signature: _____

Date: _____

Printed Name and Title: _____

HOPEFitness Representative: _____

Date: _____

NO ENROLLMENT FEE!!!

Monthly Group Fitness/Yoga/Zumba Prices

First Session FREE! *(for enrolling Group Homes/Day Habs/Individuals)*

- \$20 - pay per group session
- \$60 - 1 session a week (Just \$15 dollars a class!)
- \$120 - buy 2 sessions a week, get the 3rd FREE (Just \$10 a class!)

All group fitness packages include full use of the facility for the participant and their staff and the family of the Individual. Group Discounts Available for Agencies.

NO MEMBERSHIP FEE!!!

Personal Training Prices *(packages of 4 or 8 must be pre-paid)*

- 1 personal training session - \$75.00
- 4 personal training sessions- \$279.00 (under \$70 a session!)
- 8 personal training sessions- \$519.00 (under \$65 a session!)

To maximize success and to reach fitness goals, 8 or more sessions are recommended. All sessions are 60 minutes. They are provided by Trainers who are experienced working with Individuals with Special Needs. House calls available (travel fee may apply).

Automatic Billing Authorization

Name or Group: _____

I UNDERSTAND AND AGREE THAT MY MEMBERSHIP FEES SHALL BE AUTOMATICALLY DEDUCTED ELECTRONICALLY FROM THE ACCOUNT BELOW FOR **HOPEFITNESS** BY USING A **CREDIT CARD OR DEBIT CARD**. THIS AUTHORIZATION FOR AUTOMATIC PAYMENT REMAINS IN EFFECT UNTIL I CANCEL MY MEMBERSHIP IN WRITING.

(AUTOMATIC DEDUCTION SHALL BE ON THE 1ST OF EACH MONTH)

PLEASE COMPLETE & SIGN BELOW

CREDIT CARD/DEBIT CARD INFORMATION

Visa, M/C, Amex, Discover, Diners Club

Account #

Exp. Date

Name on Card

Sec. Code (3 digits on back)

Client or Parent/Guardian Signature

Print Name

Date