

# HOPEFitness

*Making Fitness Accessible for ALL Abilities*

## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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**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 3<sup>rd</sup> 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.*

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**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 classes and training sessions are 60 minutes. They are provided by experienced professionals who are experienced working with Individuals with Special Needs. All classes and personal training must be pre-paid (except for self-direction). House calls available (travel fee may apply).*

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## 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 1<sup>ST</sup> 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