

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/Taekwondo Prices

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

- \$20 - pay per group fitness session
- \$60 - 1 group fitness session a week (Just \$15 dollars a class!)
- \$120 - buy 2 group fitness sessions a week, get the 3rd FREE (Just \$10 a class!)
- \$90 – 1 Taekwondo session per week

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. Classes are one-hour.

NO MEMBERSHIP FEE!!!

Personal Training & Swim Instruction 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!)
- 1 swim lesson (30 minutes) - \$50.00
- 10 swim lessons – \$450.00 (Just \$45 a lesson!)

To maximize success and to reach fitness goals, 8 or more Personal Training sessions are recommended. They are provided by experienced professionals who are experienced working with Individuals with Special Needs. All classes and packages must be pre-paid (except for self-direction). 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

_____	_____	_____/_____ Exp. Date
Visa, M/C, Amex, Discover, Diners Club	Account #	
_____	_____	_____
Name on Card	Sec. Code (3 digits on back)	
_____	_____	_____
Client or Parent/Guardian Signature	Print Name	Date