

FITNESS TRAINING AGREEMENT

PERSONAL INFORMATION:

Date: _____

Name: _____
Last First

Address: _____
Street Town/State Zip Code

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

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 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. GROUP Class fees shall be \$_____ per month/per day. Frequency shall be _____times per week_____. The Client understands that monthly members shall be charged regardless of attendance until such time that this contract is cancelled in writing. Classes are non-transferable and non-refundable. Group classes begin on ____/____/_____. Any missed classes may be made up at any time.
- G. PERSONAL (1 on 1) Training fees shall be \$_____ per session _____ other. Frequency of sessions shall be _____ per week _____. Training sessions are non-transferable and non-refundable. Training begins on ____/____/_____.
- H. SWIM Lesson fees shall be \$_____ per lesson _____. Frequency shall be _____ times per week _____. Swim lessons are non-transferable and non-refundable. Swim lessons begin on ____/____/_____.
- I. 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/Parent/Guardian understands that he/she shall be responsible for all fees (legal, etc.) incurred in connection with obtaining payment. All changes and amendments to this contract must 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: _____

Printed Name and Title: _____

HOPEFitness Representative: _____ Date _____

PLEASE SELECT PROGRAM(S)

NO ENROLLMENT FEE!!!

Monthly Group Prices (Fitness, Yoga & Zumba)

First Class FREE!

o \$30 pay as you go - Pay per day for any single group class (payable at the time of visit)

o \$100 per month – Join 1 group class per week

o \$200 per month – Join 2 group classes per week

o \$250 per month – Join 3 group classes per week

All group classes include full use of the facility for the client. Group discounts available. All Group classes are forty (45) five minutes and must be pre-paid. House calls available (travel fee may apply).

Monthly Teen Zone Fitness Prices

o \$150.00 per month/\$40.00 per day – Class is once per week for 90 minutes (includes fitness & all materials)

NO MEMBERSHIP FEE!!!

Personal Training Prices & Swim Instruction Prices

o 1 Personal Training session - \$75.00

o 4 Personal Training sessions - \$279.00 (under \$70 a session!)

o 8 Personal Training sessions - \$519.00 (under \$65 a session!)

o 1 Swim Lesson (30 minutes) - \$60.00

o 10 Swim lessons - (30 minutes each) - \$550.00

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 of types of ALL Abilities. All personal training sessions are 50 minutes & must be pre-paid. All swim lessons are 30 minutes & must be pre-paid. House calls available (travel fee may apply).

CREDIT CARD/DEBIT CARD AUTHORIZATION

NAME OR GROUP: _____

I UNDERSTAND AND AGREE THAT MY CREDIT OR DEBIT CARD WILL BE CHARGED BY HOPEFITNESS FOR MEMBERSHIP FEES AND/OR CLASSES AND/OR FITNESS SERVICES. I UNDERSTAND IN THE CASE OF MONTHLY GROUP MEMBERSHIPS MY CARD SHALL BE AUTOMATICALLY AND ELECTRONICALLY CHARGED ON THE 1ST OF EACH MONTH FROM THE ACCOUNT BELOW. I UNDERSTAND AND AGREE THAT MY CARD WILL BE CHARGED IN THE EVENT THAT SELF DIRECTION DOES NOT PAY FOR ANY REASON. THIS AUTHORIZATION FOR AUTOMATIC MONTHLY PAYMENT REMAINS IN EFFECT UNTIL I CANCEL MY MEMBERSHIP IN WRITING.

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)

Parent/Guardian Signature

Print Name

Date