Name: _____

Address:_____
_____

Home Phone: _____

Work/Other Phone: _____

In consideration of my being able to participate in the Personal Training Program, I understand that I must purchase a single or package of training session(s) and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability, and personal training policies and procedures.

I understand that the program is voluntary and that a Personal Trainer will develop and guide me through my exercise program. I represent that I will complete the Lifestyle Questionnaire and any other health history from accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program if my medications, condition, or medical limitations should change, I will notify the Trainer. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I understand that a Trainer will review my Lifestyle Questionnaire and any other health history form but that a Trainer is not a physician and cannot replace the advice and expertise of a physician.

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Trainer of any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training) all of which increase heart rate and body temperature.

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation.

I AGREE AND UNDERSTAND. INITIAL HERE_____.

I do hereby waive, release and forever discharge the personal trainer from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.

I AGREE AND UNDERSTAND. INITIAL HERE_____.

Personal Training Policies and Procedure

1. Cost of package session of 4 or more is $60/session. Cost of individual session is $90.
2. Package sessions are non-refundable.
3. Package sessions must be paid in full and are scheduled at the time of sign-up.
4. Package sessions must be used within three months of the purchase date.
5. Client must give 24 hours advanced notice, less than 24 hours or a no-show will result in a charge to the package session.
6. PAR-Q, Lifestyle Questionnaire, Physician Approval (if applicable), and Personal Training Agreement must be completed, signed, and on file prior to the beginning of the first session.
7. Training sessions will begin promptly at the time specified by the client and trainer and end one hour from that specified time.

I AGREE AND UNDERSTAND. INITIAL HERE_____.

I declare that I have read, understand and agree to the contents of this Personal Training Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Personal Training Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Rhode Island and agree that if any portion is held invalid, the remainder will continue in full force and effect.

AGREED TO BY: _____ DATE:_____