



Personal Training Contract

Name: _____
Address: _____
City: _____
ZIP: _____
Phone(H): _____

Date: _____
Age: _____
Date of birth: _____
Phone(W): _____

I hereby agree to accept and be legally bound by this Personal Training Contract.

INITIALS _____ By checking this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

RELEASE OF LIABILITY

I, _____, have enrolled in a program of strenuous physical activity including, but not limited to walking, running, boxing, yoga, aqua aerobics, massage therapy, weight lifting, bicycling, in-line skating and the use of various conditioning and exercise equipment and facilities designed, offered, recommended, and/or supervised by Barrack's Personal Fitness Training Inc. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program.

In consideration of my participation in the program, I, _____, for myself, my employees, heirs, assigns, agents, officers, directors, shareholders and co-workers hereby release Barrack's Personal Fitness Training Inc., its employees, heirs, assigns, agents, officers, directors, and shareholders, from any and all claims, demands or causes of action arising from my participation in the program or from any use of the conditioning and exercise equipment and facilities.

I fully understand that I may suffer injury as a result of my participation in the program and I, _____, hereby release Barrack's Personal Fitness Training, Inc. from any and all liability now or in the future, including but not limited to medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

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INFORMED CONSENT FOR AN EXERCISE TEST

EXPLANATION OF THE EXERCISE TEST: I understand that I will perform an exercise test. The exercise intensity will change throughout the course of the evaluation. You may stop the test at any time because of signs of fatigue, changes in your heart rate, and/or blood pressure. I understand that I may stop whenever I wish because of feelings of fatigue or any other discomfort.

ATTENDANT RISK AND DISCOMFORTS: There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. I understand that every effort will be made to minimize these risks by evaluation of preliminary information relating to my health and fitness and by observation during testing.

RESPONSIBILITIES OF THE PARTICIPANT: I understand that information I possess about my health status or previous experiences of unusual feelings with physical effort may affect the safety and value of my exercise test. I acknowledge that my prompt reporting of unusual feelings during the exercise test itself is extremely important and that I am responsible for fully disclosing such information whether or not requested by the testing staff.

BENEFITS TO BE EXPECTED: I understand that results obtained from the exercise test may assist in evaluating what type of physical activities I might do with low risk and be used as a guideline for my fitness level progression.

INQUIRIES: I acknowledge that questions about the procedures used in the exercise test or the results of my test are encouraged. If I have many concerns or questions, I understand that I should ask for further explanations.

FREEDOM OF CONSENT: My permission to perform this exercise test is voluntary. I understand that I am free to stop the test at any point, if I desire. I, _____, consent to participate in this test.

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PRICING AND PAYMENT

I acknowledge and agree that this Personal Training Contract is not transferable or assignable. I acknowledge that payment is required for blocks of sessions in advance of actual training sessions. I agree to pay _____ \$ in advance for _____ training sessions. I understand this money is not refundable. I understand this contract and the terms it presents is for the purchase of sessions and any other purchase of services in the future. I acknowledge that this specific contract, release of liability, consent, and agreement is continuously valid indefinitely. I understand that a minimum requirement of one session per week must be completed or I will be charged for the session(s) missed. No refund will be granted for sessions that have not been completed. I understand Barrack's Personal Fitness Training Inc. has the right and the authority to terminate the program at any time, with no refund, if I do not follow the program or fail to conduct myself in an appropriate manner.

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CANCELLATION AND LATENESS

I acknowledge that appointment times are reserved and that cancellations must be made 24 hours in advance. Cancellations must be made by calling 484-530-9258 (voicemail will record date/time). I understand that I will not receive a refund for missed appointments. It is my responsibility to attend my personal training appointments when they are scheduled.

I understand that appointments will begin and end promptly as scheduled. I acknowledge that any delays to the start of a scheduled appointment will not be a cause of extend provided service beyond the remainder of the scheduled time. I will not expect or ask my trainer to run overtime. I understand that if I am 15 minutes late my session will be canceled and I will be charged for that session. I understand that sessions will run approximately one hour unless otherwise stated. I acknowledge that a delay to a scheduled session cannot change the session status to anything else except a whole session. I understand that there are no half sessions because of any delay.

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Participant / Legal Guardian: _____ Date: _____

Accepted by Barrack's Personal Fitness Training Incorporated : _____ Date: _____