

PERSONAL TRAINING AGREEMENT

JONES4FITNESS PERSONAL TRAINING

CLIENT INFORMATION

NAME

DATE OF
BIRTH

ADDRESS

PHONE

EMAIL

EMERGENCY CONTACT

EMERGENCY
PHONE

RELATIONSHIP TO EMERGENCY CONTACT

ALL OF THE ABOVE INFORMATION IS KEPT CONFIDENTIAL

CANCELLATION POLICY

INITIAL HERE _____

All cancellations must be received at least 24 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 24 hours notice will be charged 100% of the cancelled session.

Jones4Fitness understands that emergencies happen. We provide every client with three free short-notice cancellations. You will not be charged for your first cancellation with less than 12 hour notice. Subsequent short-notice cancellations will be charged for the session. The three free short-notice cancellations only apply if Jones4Fitness is notified prior to the session start time.

No shows are not eligible for the free cancellations.

LIABILITY WAIVER

INITIAL HERE _____

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Jones4fitness.

Having such knowledge, I hereby release Jones4fitness their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

REFUND POLICY

INITIAL HERE _____

Jones4Fitness strives to provide the best possible service to our clients. If for any reason you are not satisfied with our services, we will be happy to issue you a refund for 90 percent of services not performed.

If you have paid for a package in full, you will be refunded 90 Percent of your unused sessions and services.

I have read the above policies/waivers and agree to its terms as it applies to my personal training.

Signature _____ Date _____

NEW

RENEW

CLIENT
TRACKING
DATE/INITIAL

INTRO

1

2

3

4

5

PACKAGE

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40