PERSONAL TRAINING AGREEMENT AND TRACKING FORM

CLIENT INFORMATION

Name		**Date of Birth**	
Training Address		**Email**	
Primary Phone Number		**Secondary Phone Number**	
Emergency Contact Person		**Emergency Contact Phone Number**	
Emergency Contact Relationship		**All Information is Kept Confidential**	

CANCELLATION POLICY

Individual Sessions. All cancellations must be received to your assigned personal trainer via phone call or text message at least 24 hours before your training session. Clients who do not cancel with at least 24 hour notice will forfeit said session. Partner Sessions. All cancellations must be received to your assigned personal trainer via phone call or text message at least 24 hours before your training session by at least one client in order to reschedule the cancelled session. If one client cancels with less or more than 24 hour notice the other client can decide to participate in the scheduled partner session. However the participating client will be responsible for paying for an individual session at the individual rate within in 48 hours of the performed scheduled partner session. The partner session will then need to be rescheduled within 1 month of the schedule missed session or that partner session will be forfeited. Disclaimer: Jones4Fitness LLC understands that emergencies happen that keep you from attending your personal training session. Which is why we provide every client with ONE short notice session cancellation for every 40 session package you purchase. Your short notice cancellation must be received to your assigned personal trainer via phone call or text message 1 hour before your mutually agreed upon session start time. No shows / no calls / text are not eligible for short notice session cancellations. There are NO SHORT NOTICE cancellations allowed with individual or partner training when you purchase a short term package. Short Term Packages include our 1 and 5 sessions packages. Long Term Packages include our 40 session package	**INITIAL HERE**

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Liability Waiver

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 LLC. 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.	**INITIAL HERE**

Refund Policy

Jones4Fitness LLC 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 of 80% of any unused sessions.	**INITIAL HERE**

I have read the above terms and conditions and agree as it applies to my personal training sessions with Jones4Fitness LLC			
Signature		**Date**	

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NEW AGREEMENT	YES	NO	RENEWAL AGREEMENT	YES	NO	

CLIENT TRACKING SHEET

PACKAGE INFORMATION		SESSION FREQUENCY		PAYMENT FREQUENCY	
CLIENT NAME		AVG. SESSIONS A WEEK		PAYMENTS	
PHONE NUMBER		1		1	
ADDRESS		2		2	
		3		3	
		4		6 (MONTHLY)	
		5		PER SESSION	

INTRO SESSIONS	CLIENT INTIAL HERE		NOTES	PAYMENT SESSIONS
	DATE	INITAL		
1				INTRO PAYMENT DUE
2				
3				

PACKAGE SESSIONS	CLIENT INTIAL HERE		RENEWAL SESSIONS	CLEINT INTIAL HERE		PAYMENT SESSIONS
PAY PER SESSIONS	DATE	INITIAL	*PAY PER SESSIONS*	DATE	INITIAL	
1			1			*ALL PACKAGES PAYMENT DUE*
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			*MONTHLY PACKAGE 2ND PAYMENT DUE*
9			9			
10			10			
11			11			
12			12			
13			13			
14			14			*3 PAYMENT PACKAGE 2ND PAYMENT DUE*
15			15			
16			16			*MONTHLY PACKAGE 3RD D PAYMENT DUE*
17			17			
18			18			
19			19			
20			20			*2 PAYMENT PACKAGE 2ND PAYMENT DUE*
21			21			
22			22			
23			23			
24			24			*MONTHLY PACKAGE 4TH PAYMENT DUE*
25			25			
26			26			*3 PAYMENT PACKAGE 3RD PAYMENT DUE*
27			27			
28			28			
29			29			
30			30			
31			31			
32			32			*MONTHLY PACKAGE 5TH PAYMENT DUE*
33			33			
34			34			
35			35			
36			36			
37			37			
38			38			
39			39			
40			40			*MONTHLY PACKAGE 6TH PAYMENT DUE*

PERSONAL TRAINING AGREEMENT AND TRACKING FORM

RECEIPT

CLIENT NAME		PAID AMOUNT	$
DATE			
RECEIPT NUMBER		PAID TO	JONES4FITNESS LLC
NUMBER OF SESSIONS		PAID FOR	PERSONAL TRAINING

THANK YOU FOR YOUR PAYMENT