



## **PERSONAL TRAINING CLIENT AGREEMENT**

The guidelines outlined below are to ensure that the relationship between the Trainer and Client and the responsibilities of both parties are clearly appreciated and understood.

### Trainer's Responsibilities:

1. Trainer will design a personalized program that meets the client's needs and goals that is safe, effective and conducive.
2. Each session will last at least 60 minutes, but will not exceed 1 hour.
3. Trainer will provide guidance regarding proper exercise techniques.
4. Trainer will maintain a record of client progress and provide necessary feedback.
5. Trainer will evaluate and modify the personalized program as necessary according to the client's progress, needs, and goals.
6. If Trainer is late for a session, that time is owed to the client.
7. Trainer must notify the client 24 hours prior to session, if they must cancel; at which time the session will be rescheduled.
8. All information regarding the client's program and progress is confidential and will remain on file with Trainer securely stored and protected in line with Data Protection Act.

### Client's Responsibilities:

1. Payment must be received after the meeting and all payments should be payable directly to the Trainer no later than 14 days after the invoice has been issued, unless other arrangement has been made.
2. Client is expected to discuss all health history information and any medical concerns with the trainer.
3. All appointments must begin on time and end one hour after the scheduled starting time. Any time lost due to client tardiness is considered part of the appointment and is non-refundable. The trainer is expected to wait 15 minutes for a client at which time the session is forfeited.
4. Client must give 24 hour notice for session cancellation. Failure to do so will result in forfeiture of one session.
5. Client will communicate any discomforts, pain or concerns experienced during or arising from a session.
6. Sessions must be used within 6 months of purchase, unless other arrangements have been made with the trainer.
7. If client, for any reason, does not fulfil all of their sessions in the packet, no refund will be given unless other arrangement with trainer has been made.
8. Client acknowledges that he/she is in good health and physically able to participate in a personalized program. By signing below, client acknowledges and agrees that he/she has no limiting health conditions that would preclude participation in an exercise program, and will immediately inform the trainer if such health condition arises during the client's participation in the personalized program.

### Group class Client's Responsibilities

1. Payment must be received after the meeting and all payments should be payable directly to the Trainer before the class, unless other arrangement has been made
2. Client is expected to discuss all health history information and any medical concerns with the trainer.
3. All appointments must begin on time and end one hour after the scheduled starting time. Any time lost due to client tardiness is considered part of the appointment and is non-refundable. It is in the client's interest to start session on time and participate in all modules of the group training.
4. Client must give minimum 2 hour notice for session cancellation and for Bootcamp 12 hour, as the class starts early in the morning. Failure to do so will result in forfeiture of one session.

5. Client will communicate any discomforts, pain or concerns experienced during or arising from a session.
6. Sessions must be used within 3 months of purchase for block of 10 and 2 month for block of 5, unless other arrangements have been made with the trainer.
7. If client, for any reason, does not fulfil all of their sessions in the packet, no refund will be given unless other arrangement with trainer has been made.
8. Unused block sessions can be subject to **one of** transfer to the new block, however the timing of the block will not be extended to accommodate additional sessions.
9. Client acknowledges that he/she is in good health and physically able to participate in a personalized program. By signing below, client acknowledges and agrees that he/she has no limiting health conditions that would preclude participation in an exercise program, and will immediately inform the trainer if such health condition arises during the client's participation in the personalized program.

I understand and agree to the roles and responsibilities explained above:

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_