

# The FIRM U

## A CLINICAL FITNESS STUDIO

### PERSONAL TRAINING AGREEMENT

During your personal training experience, every effort will be made to ensure your safety. However, as with any exercise program, there are risks, including but not limited to increased heart stress and the chance of musculoskeletal injuries. By enrolling in this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that to your knowledge you have no limiting physical conditions or disability that would preclude an exercise program. A physician's examination is recommended for (1) all participants with any exercise restrictions; and (2) all men 45 years of age or older and all women 55 years of age or older. Personal training participants in either or both categories who do NOT have a prior physician examination MUST acknowledge they have been informed of the importance.

By signing below, you understand that you are a client of **The Fit Effect, L.L.C.; dba The FIRM U** and not of the contracted independent personal trainer assigned to you. All personal training session will take place at 8714 Spring Cypress Rd. Suite 100, Spring, TX, unless otherwise agreed. You accept full responsibility for your own health and wellbeing AND you acknowledge and understand that no responsibility is assumed by the leaders of the program, including but not limited to **The Fit Effect, L.L.C.; dba The FIRM U and all independent trainers and employees.**

### TRAINING TERMS AND CONDITIONS

Personal training sessions that are not rescheduled or cancelled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session per occurrence.

1. Clients arriving late will receive the remaining scheduled session time unless previous arrangements have made with the trainer.
2. No personal training refunds will be issued for any reasons, including but not limited to relocation, illness, and unused sessions.
3. Duo or trio training will be charged duo price even if only one client shows.

My personal training days are (schedule is subject to change):

- Mon @ \_\_\_\_\_     
  Tue @ \_\_\_\_\_     
  Wed @ \_\_\_\_\_     
  Thu @ \_\_\_\_\_  
 Fri @ \_\_\_\_\_     
  Sat @ \_\_\_\_\_     
  Sun @ \_\_\_\_\_

The FIRM U charges a Monthly Gym Fee of \$45 when working with a trainer. The Monthly Gym Fee without a trainer is \$99.00.

### PERSONAL TRAINING PACKAGES AVAILABLE

- Master Clinical Fitness Trainer (MCFT)**     
  **Clinical Fitness Trainer (CFT)**  
 12 Session Block: ..... \$1,548     
 12 Session Block: ..... \$1,188  
 Per Hour: ..... \$129     
 Per Hour: ..... \$99

### ENROLLMENT

I would like \_\_\_\_\_ 1-hour personal training sessions at \$\_\_\_\_\_ per hour.

My total investment is \$ \_\_\_\_\_  
 My monthly cost for Personal Training is \$ \_\_\_\_\_  
 My Monthly Gym Fee \$ \_\_\_\_\_  
 My total monthly cost is \$ \_\_\_\_\_

Method of Payment	Amount	Date	When Due
Check <input type="checkbox"/> Card <input type="checkbox"/>			Upon Signing
Check <input type="checkbox"/> Card <input type="checkbox"/>			Upon starting 2 <sup>nd</sup> set of 12 sessions
Check <input type="checkbox"/> Card <input type="checkbox"/>			Upon starting 3 <sup>rd</sup> set of 12 sessions

I will begin these sessions on \_\_\_\_\_ and will complete these sessions no later than \_\_\_\_\_.  
 Personal training sessions are void after this time and are non-transferrable.

**I have read this agreement thoroughly and understand the terms. My participation in this personal training program and my execution of this agreement are purely voluntary and I elect to do so despite the potential risks.**

\_\_\_\_\_  
 Participant's Name (please print)                      Participant's Signature                      Date