

PERSONAL TRAINING AGREEMENT

NO. _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____

I, _____ agree as follows:

- A. Take a _____ week program consisting of _____ nutritional analysis, _____ personal training sessions, _____ nutritional counseling sessions, _____ fitness evaluation, _____ starter package, _____ retest at completion, for \$ _____.
- B. This program shall be completed within (7) days of _____, _____.
- C. Any programming not used within the prescribed time shall be forfeited.
- D. I acknowledge that _____ is an Independent Contractor and that _____ is solely responsible for all services rendered.
- E. All programs are nonrefundable and nontransferable.
- F. All appointments must be canceled at least 24 hours in advance or you will be charged for the full amount of that session.
- G. There will be a \$15.00 charge on all returned checks.

Method of Payment

☐ Cash ☐ Check ☐ ATM ☐ Amex ☐ MC ☐ VISA ☐ DISC

You the buyer, may cancel this agreement at any time prior to midnight of the **fifth** business day of this studio after the date of this agreement, excluding Sundays and holidays. To cancel this agreement, mail or deliver a signed and dated notice or telegram which states that you, the buyer, are canceling this agreement.

Such notice shall be sent to: _____

WARNING

The use of steroids to enhance strength or growth can cause serious health problems; it may prevent teenagers from growing to full height; and may cause damage to liver function; may also be a causal factor in heart disease and strokes, hair loss, acne, personality changes, unwanted breast tissue, fertility problems, in addition to civil or criminal prosecution for use, exchange or possession of a controlled substance (anabolic steroids).

Customer Signature _____ Date _____

Company Agent _____

Arrangements _____

Receipt of a copy of this agreement is hereby acknowledged _____