

## Personal Training Agreement, Informed Consent, and Release of Liability:

Welcome to Champions Recovery Room and Physical Therapy LLC and congratulations on beginning your personal training program. We are delighted you chose Champions as a part of your commitment to health, wellness, and fitness. The following information will provide you with important program policies. Please read the entire form to acknowledge that you have read, understand, and agree to the following information.



### Personal Training Information and Policies:

This agreement is made and entered into on the \_\_\_\_\_ of \_\_\_\_\_ 2020, by and between Champions Recovery Room and Physical Therapy LLC and:

**Full Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Personal Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relation to** \_\_\_\_\_

**Personal Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Primary Physician** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Personal Trainer** \_\_\_\_\_

### Personal Training Packages and Prices:

Sessions	Price	Please Check
One hour (60 minute) pre-participation consultation	\$60	
One hour (60 minute) session	\$75	
Six (6) one hour sessions (discounted rate of 20%)	\$360	
Twelve (12) one hour sessions (discounted rate of 20%)	\$720	
Eighteen (18) one hour sessions (discounted rate of 20%)	\$1,080	

**\*Please note:** The one hour (60 minute) pre-participation consultation is FREE when purchasing any of the 6, 12, or 18 training packages.

Please read the following information carefully:

**General Statement of Program Objectives:** The client understands that this personal training program may require that the client participate in exercises to increase the cardiovascular/respiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength, and flexibility), and/or to improve body composition (decrease body fat, increase muscle mass, etc.). The client understands the purpose of this personal training program is to improve overall health and fitness levels. The client may feel normal distress, which comes with physical exertion, as well as, the possibility of unusual changes that can occur with exercise such as abnormal blood pressure, fainting, irregular heartbeat, and in very rare instances, heart attack.

**Pre-Participation Consultation:** All clients must agree to a sixty (60) minute pre-participation consultation before beginning a training program. During this time, the client will fill out, to the best of their abilities, health history, risk assessment, and fitness screening questionnaires, as well as, undergo a short injury assessment from one of our qualified physical therapists. Upon completion of these questionnaires and assessments, the trainer and client will discuss specifics of health, exercise, and nutrition history, specify health and fitness goals, and create a plan of action. Based on the personal trainer's evaluations of the questionnaire and/or injury assessment by the physical therapist, the trainer may also request written medical clearance from the client's primary physician, or other allied health professionals, before beginning a training program. If the trainer requests medical clearance, the client understands training sessions cannot take place until the trainer has documentation of written medical clearance from the primary physician or other allied health professionals.

**Commitment:** By purchasing sessions, the client is making a commitment to his/her health. The client should follow the program and instructions of the trainer to the best of their ability to maximize their results and better achieve their goals. The trainer will provide the client with a safe, and effective, training program geared towards the client's specific needs and goals. However, the client understands success of this program is ultimately up to the client and how well he/she follows the protocol.

**Length:** Sessions will last approximately sixty (60) minutes. Sessions can be broken down in two (2) thirty (30) minute sessions upon request from the client.

**Punctuality:** The client will be ready to train at the pre-scheduled time agreed upon between the trainer and the client. Failure to be prepared to train at set time may result in a shortened workout, or possible cancellation if client is more than fifteen (15) minutes late.

**Payment:** Payment must be made in-full in advance of sessions.

**Cancellation of an Individual Session:** The trainer requires a twenty-four (24) hour cancellation and/or rescheduling notice. This can be done by phone, email, or text. Failure to contact the trainer twenty four (24) hours in advance will result in a forfeiture of the session without refund. If the trainer must cancel a session, he/she will do so by phone with at least twenty four (24) hours notice. If the trainer fails to contact the client, the client will receive a complimentary sessions for his/her inconvenience. This complimentary session must be used within thirty (30) days of the date of the cancelled session. After the thirty (30) days the offer of the complimentary session will expire.

**Cancellation and Refund of All Sessions:** The client may cancel this contract within seven (7) days after the contract was signed for full refund should the client decide he/she no longer wishes to participate in personal training.

**Cancellation Due to Disability:** Should the client become unable to use or receive personal training services under this contract due to disability, the client will be refunded for the remaining sessions that have not been used.

**Description of Potential Risk:** The client understands the risk of injury associated with any physical activity and/or an exercise program. Participation in exercise programs may lead to strains, pain, and injury if adequate warm up, gradual progression, and safety procedures are not followed. The client understands that the trainer, or Champions Recovery Room and Physical Therapy LLC, will not be liable for any damages arising from personal injuries sustained by, while, and during, the personal training program. The client using the exercising equipment during the personal training program does so at his/her own risk. The client assumes full responsibility for any injuries or damages which may occur during the training program.

**Stopping Exercise:** The client may refuse, or stop, exercise for any reason. Although the personal trainer observes the client for signs of unusual fatigue or discomfort, these observations do not always indicate abnormal discomfort. It is the client's responsibility to notify the trainer of any discomfort or pain arising from or during exercise. The client is also responsible for informing the trainer of any and all other known limitations the client has, or experiences, so that the trainer may accommodate the client and substitute another exercise.

**Release of Liability:** I hereby waive for myself and heirs, any and all rights for damages I may have, which occur as consequences of my participation in the personal training program against Champions Recovery Room and Physical Therapy LLC, its employees, and colleagues. I fully realize and am aware of the risks involved with any fitness program which involves physical exercise and activities. I acknowledge and accept these risks.

I certify that I have read and understand the contents of this document and have knowingly and voluntarily consented to participate by my signature below.

**Participants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature (if needed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Trainer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_