

# Form 1

Permission to reproduce this form has been granted to IFPA certified personal trainers only.

## Agreement for Personal Training Services

### I. Contact Information (Please Print)

Name- Last	First	Birthdate	Age	( )	Home Phone
Current Mailing Address		City	State	Zip	( ) Day Phone
Present address if different from above		City	State	Zip	( )
Contact person in case of emergency		Relationship		Phone	

### II. Personal Fitness Commitment

In consideration of my own, personal fitness needs, I, \_\_\_\_\_, hereby agree to enter into a personal training agreement with \_\_\_\_\_ and agree to commit the time and energy necessary to accomplish my goals as written and reviewed by myself and \_\_\_\_\_.

### III. Terms

1. Today's date is \_\_\_\_\_
2. This agreement will begin on \_\_\_\_\_ and end on \_\_\_\_\_.
3. This agreement is for \_\_\_\_\_ to provide personal training services for:  
\_\_\_\_\_ sessions, at  
\_\_\_\_\_ sessions per week, for  
\_\_\_\_\_ weeks

### IV. Payment

1. All payments for services shall be made payable to \_\_\_\_\_.
2. First payment of \_\_\_\_\_ shall be due \_\_\_\_\_.
3. Monthly payment, due the first of each month shall be \_\_\_\_\_.
4. Total payment due during the term of this agreement \_\_\_\_\_ Init. \_\_\_\_\_

### V. Rescheduling, Interruption of service, and Cancellation

- A. Rescheduling of any session requires a minimum 24 hour notice to avoid charges for that session.
- B. Interruption of service requires a written request to \_\_\_\_\_ stating reason for interruption and anticipated continuation. Except in circumstances of emergencies, a minimum 15 day notice is required to avoid charges for pre-scheduled appointments.
- C. Cancellation of services requires 30 day notice to avoid charges for sessions already scheduled.
- D. If by any reason of death or permanent disability, the participant is unable to complete training program, he/she shall be relieved of the obligation of making payment other than for services performed prior to death or onset of disability.

### VI. Renewal of agreement

A. Participant shall have the option to renew agreement under similar or new terms within 30 days of termination of agreement. Costs for services will remain in effect for duration of agreement.

### VII. Guarantee of Services

Should \_\_\_\_\_ not appear for a pre-scheduled, prepaid session, participant shall have the option to reschedule the missed appointment or receive a full refund for that particular session.

\_\_\_\_\_ urges all participants to obtain a physical examination from their physician prior to beginning any exercise program. Under certain circumstances, \_\_\_\_\_ may require a physician's approval prior to beginning a training program.

I hereby acknowledge that I have reviewed and agree to the above conditions. Any questions that I had concerning these conditions have been answered to my satisfaction.

\_\_\_\_\_  
Signature                      date

\_\_\_\_\_  
Personal Trainer representative                      date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Personal Trainer representative (print)