

Personal Training Agreement

Client Name:			
Address:			
City:	State:	Zip code:	
Date of Birth:	Phone num	ber:	
Email address:			
1. The Client and Tra	iner have agreed tha	t the Trainer will:	
Conduct base line a	ssessment with the Clie	nt	
Conduct goal asses	sment with the Client		
Design a Personal 1	Γraining Program and Με	eal Plan Program with the Client	
2. The Client will pay t	he Trainer, in advanc	ce, the sum of:	
\$10.00 for a 4-week	Workout Plan		
\$15.00 for 8-week Wo	orkout Plan		
\$10.00 for a 4-week	Meal Plan		
\$15.00 for 8-week Me	eal Plan		
Total: \$.00			



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The Client acknowledges and agrees that no credit or refund shall be due for workouts and meals missed by the Client. The Personal Training Program and Meal Program is to be paid before the programs begin. The Client may end a program with 2 weeks notice to the Trainer, after a minimum of 7 days within the program

With the signing of this agreement, the Client has signed and delivered to the Trainer a *Informed Consent* and *Liability Release* along with a *Fitness Health Assessment* form in which the Client assumes the risks of participating in an exercise program and agrees that the Trainer shall have no liability for any injury, illness, or similar difficulty that the Client may suffer arising out of or connected with the Client's participation in the Trainer's program.

Summer Crew Fitness *Personal Training Policies* were delivered with the goal of creating a mutually respectful relationship between the Client and the Trainer. The Client acknowledges having read, understood, and signed the *Personal Training Policies* and agrees to abide by the conditions described in the *Policies*. The Client acknowledges having read and understood this *Agreement* and will receive a completed copy of it.

Signatures:	
Client:	Date:
Trainer:	Date:

