



PERSONAL TRAINER CONTRACT

"Build A Better Future With Better Fitness"

PACKAGE INFORMATION

Professional assistance is the key to helping you design an exercise program specific to your fitness goals. The training package you select will include:

- ✓ Weight Loss
- ✓ Weight Training
- ✓ Muscular Development & Toning
- ✓ Cardiovascular Training
- ✓ Specialize Diet Plans
- ✓ Nutrition Advice
- ✓ Hydration and Supplementation Advice

TRAINING PACKAGES & FEES

6 Month Package

3 X p/wk = \$29.00 per session
(\$348 per month total)

2 X p/wk = \$31.00 per session
(\$248 per month total)

1 x p/wk = \$33.00 per session
(\$132 per month total)

2 Month Package

3 x p/wk= \$37.00 per session
(\$440 per month total)

2 x p/wk= \$39 per session
(\$312 per month total)

1 x p/wk= \$41 per session
(164 per month total)

3 Month Package

3 x p/wk = \$ 35 per session
(\$420 per month total)

2 X p/wk = \$ 37 per session
(\$ 296 per month total)

1 x p/wk = \$39 per session
(\$156 per month total)

1 Month Package

3x p/wk= \$43 per session
(\$516 per month total)

2x p/wk= \$45 per session
(\$360 per month total)

1x per wk= \$47 per session
(\$188 per month total)

I, _____, do hereby contract with BETTER FITNESS to provide the services to me in the package circled and initialed by me above. Services will begin on _____.

I acknowledge that I am entering into a program of physical activity including but not limited to walking, bicycling, weight lifting, and the use of various conditioning and exercise equipment and facilities designed, offered, recommended and/or supervised by BETTER FITNESS. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program. I understand that I must be cleared of any risk factors associated with physical activity before services can be offered. If risks are identified, I understand that I am required to provide the trainer with an official physician's statement indicating that I have been cleared to engage in a physical activity program.

I attest that I have read the foregoing and understand its contents and assert that I am entering into a physical training program free from all known health conditions and risks unless otherwise provided in a physician's statement to BETTER FITNESS. _____ (Initials)

I acknowledge and agree that this Personal Training Contract is not transferable or assignable. I understand that **FULL** payment is required before I am allowed to train. I am selecting following payment plans:

- _____ **Full Payment of entire PT Contract by cash, check**
- _____ **or credit card monthly**

I understand that I will not be permitted to continue training with BETTER FITNESS if payment is not made as contracted above and BETTER FITNESS reserves the right to cancel any and all training sessions if I breach this contract in any way. I further understand and agree that I will be responsible for all collection costs, court costs and attorney fees associated with the collection of any past due fee owed to Better Fitness.

CANCELLATION POLICY

I acknowledge that appointment times are reserved and that cancellations must be made at least 24 hours in advance. Cancellations should be made by calling **334-651-7543**. I understand that all sessions must be used by the end of the month or they will be forfeited. It is my responsibility to attend my personal training appointments when they are scheduled. I understand BETTER FITNESS has the right and authority to terminate the program with no refund due to me.

Client Signature & Date

Trainer's Signature & Date

BETTER FITNESS PERSONAL TRAINING
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