



# PERSONAL TRAINING AGREEMENT

- \_\_\_\_\_ I, the undersigned, do understand the initial visit may take up to two hours.
- \_\_\_\_\_ I agree to pay \$ \_\_\_\_\_ dollars in full for the services I am requesting.
- \_\_\_\_\_ I understand that if I fail to make an appointment that I scheduled and do not provide a 24-hour notice of cancellation, I will be charged for that appointment.
- \_\_\_\_\_ I understand that if I choose to cancel either the 6 or 10 session special before completion, I will be charged the individual hourly rate of \$35 per session for the sessions used. Exceptions will be made if cancellation is due to deployment or with a written medical waiver.
- \_\_\_\_\_ I understand that the 6-session special expires in 6 weeks and the 10-session special expires in 10 weeks.
- \_\_\_\_\_ I understand my physician needs to be aware of my decision to start an exercise program. I agree to accept all responsibility to inform my physician and to accept responsibility for my actions should I choose not to inform my physician.
- \_\_\_\_\_ I agree to complete a health form answering questions truthfully, or to the best of my knowledge, as to my current and past state of health.
- \_\_\_\_\_ I agree to get a medical clearance before starting the physical portion of training, if the trainer recommends this is needed.
- \_\_\_\_\_ I agree not to hold the MWR, Navy Region Hawaii, U.S. Navy, USAF, or any part of the armed services, or the U.S. Government responsible if I should suffer injury during the course of exercise prescribed by the trainer.
- \_\_\_\_\_ I, the undersigned, have read and understand the above paragraphs as indicated by my initials signed prior to each. I agree that I am in a current state of good mental and physical health.

**ALL PARTICIPANTS MUST READ AND SIGN THIS WAIVER:** I acknowledge that exercise tests a person's physical and mental limits and carries with it the potential for death and property loss. I hereby assume the risks of participating in this activity and certify that I am physically fit, have sufficiently trained for participation in this activity and have not been advised otherwise by a qualified medical person. I acknowledge that this form will be used by the Morale, Welfare and Recreation Department, JBPHH. I hereby take action for myself, my executors, administrators, heirs, next of kin and successors, and assign as follows: a) WAIVE, RELEASE, AND AGREE NOT TO SUE, from any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind which may hereafter accrue to me as a result of any participation in or my traveling to and from this activity, THE FOLLOWING PERSONS OR ENTITIES: MWR Department, JBPHH, b) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individual or entities as a result of any of my actions during this activity. I HEREBY CERTIFY THAT I AM 18 (EIGHTEEN) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

Sign full name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Parent signature (if under 18): \_\_\_\_\_ Receipt #: \_\_\_\_\_

**ASSUMPTION OF RISK:** I, the personal trainer, do hereby attest to witnessing this client read and sign this contract. I agree to act in the best interests of my client by providing him/her with the most proficient service current with my level of training and expertise. I agree to provide my client with the safest possible exercise prescription geared to his/her current level of fitness and experience based on health information provided to me through verbal/written form.

Sign full name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_