



301 West Maple St.  
Lititz, PA 17543  
717.626.5096



### PERSONAL TRAINING SESSION CONTRACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_/E-mail: \_\_\_\_\_

Certified Personal Trainer: \_\_\_\_\_

Session/Package Type: \_\_\_\_\_ Price: \_\_\_\_\_

Date Sessions Begin: \_\_\_\_\_

**PAYMENTS WILL BE MADE PRIOR TO THE COMMENCEMENT OF MY TRAINING SESSIONS. PAYMENT MAY BE RECEIVED IN THE FORM OF CASH, CREDIT CARD OR CHECK. TRAINING PAYMENTS MAY BE DIVIDED INTO SMALLER TRANSACTIONS AS AGREED UPON WITH TRAINER.**

**I FULLY UNDERSTAND THAT THERE WILL BE NO REFUND FOR ANY REASON OTHER THAN THOSE DUE TO MEDICAL CONDITION. IF SUCH CONDITION EXISTS, I MUST BRING A SIGNED COPY FROM THE PHYSICIAN STATING THAT I AM NO LONGER CAPABLE OF EXERCISE. ONLY A PRO-RATED AMOUNT WILL BE RETURNED BASED UPON NUMBER OF SESSIONS REMAINING.**

**A MINIMUM OF TWO HOUR ADVANCED NOTICE IS REQUIRED FOR CANCELLATION OF A TRAINING SESSION. WITHOUT SUCH NOTICE I WILL BE CHARGED FULL RATE FOR MY SESSION.**

**I UNDERSTAND THAT I AM SIGNING AN AGREEMENT WITH THE Lititz recCenter PERSONAL TRAINER. IF MY CURRENT TRAINER IS UNABLE TO FULFILL HIS/HER COMMITMENT TO ME IN ANY FORM, I AGREE TO REMAIN IN THE TRAINING PROGRAM. I UNDERSTAND A QUALIFIED TRAINER WILL BE APPOINTED AND WILL CARRY OUT THE SESSIONS.**

**TRAINING SESSIONS MUST BE COMPLETED SIX (6) MONTHS FROM THE COMMENCEMENT OF THIS CONTRACT.**

CLIENT \_\_\_\_\_ DATE \_\_\_\_\_

TRAINER \_\_\_\_\_ DATE \_\_\_\_\_

Session 1      Date Completed \_\_\_\_\_

Session 7      Date Completed \_\_\_\_\_

Session 2      Date Completed \_\_\_\_\_

Session 8      Date Completed \_\_\_\_\_

Session 3      Date Completed \_\_\_\_\_

Session 9      Date Completed \_\_\_\_\_

Session 4      Date Completed \_\_\_\_\_

Session 10     Date Completed \_\_\_\_\_

Session 5      Date Completed \_\_\_\_\_

Session 11     Date Completed \_\_\_\_\_

Session 6      Date Completed \_\_\_\_\_

Session 12     Date Completed \_\_\_\_\_