

BODY BALANCE FITNESS, LLC PERSONAL TRAINING AGREEMENT AND TRACKING FORM

CLIENT INFORMATION

NAME		DATE OF BIRTH	
TRAINING ADDRESS		EMAIL	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	
EMERGENCY CONTACT PERSON		EMERGENCY CONTACTS PHONE NUMBER	
RELATIONSHIP TO EMERGENCY CONTACT		ALL INFORMATION IS KEPT CONFIDENTIAL	

CANCELLATION POLICY

<p>All cancellations must be received at least 24 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 24 hours' notice will be charged 100% of the cancelled session.</p> <p>Body Balance Fitness, LLC understands that emergencies happen. I provide every client with three free short-notice cancellations. You will not be charged for your first three cancellations with less than 6 hour notice. Subsequent short-notice cancellations will be charged for the session. The three free short-notice cancellations only apply if Body Balance Fitness, LLC is notified prior to the session start time.</p>	INITIAL HERE
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LIABILITY WAIVER

<p>I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Body Balance Fitness, LLC.</p> <p>Having such knowledge, I hereby release Body Balance Fitness, LLC their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.</p> <p>I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.</p>	INITIAL HERE
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I have read the above policies and agree to its terms as it applies to my personal training.

Signature _____ **Date** _____

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NEW AGREEMENT	YES	NO	RENEWAL AGREEMENT	YES	NO	
CLIENT TRACKING SHEET						
PACKAGE INFORMATION			SESSION FREQUENCY		PAYMENT FREQUENCY	
CLIENT NAME			AVG. SESSIONS A WEEK		PAYMENTS	
PHONE NUMBER			1		1	
ADDRESS			2		2	
			3		3	
			4		6 (MONTHLY)	
			5		PER SESSION	
INTRO SESSIONS	CLIENT INTIAL HERE		NOTES			PAYMENT SESSIONS
	DATE	INITIAL				
1						INTRO PAYMENT DUE
2						
3						
PACKAGE SESSIONS	CLIENT INTIAL HERE		RENEWAL SESSIONS	CLIENT INTIAL HERE		
<i>PAY PER SESSIONS</i>	DATE	INITIAL	<i>PAY PER SESSIONS</i>	DATE	INITIAL	
1			1			
2			2			
3			3			
4			4			
5			5			
6			6			
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31			31			
32			32			<i>MONTHLY PACKAGE 5TH PAYMENT DUE</i>
33			33			
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36			36			
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38			38			
39			39			

BODY BALANCE FITNESS, LLC PERSONAL TRAINING
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INVOICE

THANK YOU FOR YOUR PAYMENT

PERSONAL TRAINING AGREEMENT AND TRACKING FORM

RECEIPT

THANK YOU FOR YOUR PAYMENT

