



PERSONAL TRAINING PARTICIPATION AGREEMENT FORM

TRAINING SESSIONS

PERSONAL TRAINING SESSIONS WILL LAST FOR 55 MINUTES. PLEASE MAKE EVERY EFFORT TO BE ON TIME SO THAT YOU CAN GET THE MOST OUT OF YOUR TRAINING. IF YOU ARE LATE FOR A SESSION, THAT SESSION WILL STILL END AT THE REGULAR TIME. IN THE EVENT THAT YOU ARE MORE THAN 25 MINUTES LATE, THE SESSION WILL BE CANCELLED AND THE TRAINER WILL BE PAID FOR THAT SESSION. **ANY TRAINING PACKAGE PURCHASED EXPIRES 6 MONTHS AFTER PURCHASE DATE, SO IT MUST BE USED IN FULL WITHIN 6 MONTHS.** YOUR INITIAL HERE SHOWS YOU AGREE TO THE PRECEDING TERMS. _____

CANCELLATION POLICY

IF YOU ARE NOT ABLE TO ATTEND A SESSION, PLEASE INFORM YOUR TRAINER 24 HOURS IN ADVANCE. FAILURE TO NOTIFY WITHIN 24 HOURS OF A SCHEDULED SESSION WILL RESULT IN THE CLIENT BEING CHARGED THE FULL SESSION FEE. YOU MAY LEAVE A MESSAGE ON YOUR TRAINER'S CELL PHONE AT _____. YOUR TRAINER WILL CALL YOU PROMPTLY TO SCHEDULE YOUR NEXT SESSION. YOUR INITIAL HERE SHOWS YOU AGREE TO THE PRECEDING TERMS. _____

NUTRITION COACHING

YOU UNDERSTAND THAT YOUR TRAINER MAY OR MAY NOT BE A LICENSED NUTRITIONIST OR A REGISTERED DIETICIAN. UNDERSTANDING THIS, YOU AGREE TO WAIVE ANY CLAIMS AGAINST HIGHER POWER TRAINING, AND HIGHER POWER TRAINING ASSOCIATES, OR INDEPENDENT CONTRACTORS ASSOCIATED WITH HIGHER POWER TRAINING REGARDING ANY NUTRITIONAL RECOMMENDATIONS, NUTRITIONAL PROGRAMS, DIETARY SUPPLEMENTS RECOMMENDED OR DIETARY SUPPLEMENTS PURCHASED FROM EITHER ORGANIZATION. YOUR INITIAL HERE SHOWS YOU AGREE TO THE PRECEDING TERMS. _____

Participant's Name (Please Print)

Date

Client or Legal Guardian Signature

Date

Witness Signature

Date