

# ***FIT IS IT***

## **PERSONAL TRAINING CONTRACT AND PARTICIPANT RELEASE**

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Georgia Ellenikiotis. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Georgia shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential, or other fitness facility), and I expressly release and discharge Georgia from all claims, actions, judgments, and the like which I or my heirs, executors, administrators, or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answers "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform Georgia of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

As a fitness expert, Georgia's goal is to provide motivation, education, guidance, and individual instruction to achieve a client's personal fitness goals. Georgia will design a safe and effective exercise program for all clients based on the client's objectives, fitness level, and experience. Those who choose partner training are encouraged to seek out partners who share similar goals and are relatively at the same fitness level. In order for a client to achieve his/her goals and see improvement in health and fitness, it is important that the individual not only adhere to the protocol prescribed during the sessions but also during the remainder of

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the week when unsupervised. The consistency of one's habits will more likely lead to permanent lifestyle changes that will create a healthier and happier you.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 3) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside the sessions.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 4) I understand that I am not obligated to perform or participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, or nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 5) I agree to be on time for workout sessions. Sessions are scheduled for 60 minutes. If I am late, I understand it is up to Georgia to determine whether the workout can be completed in its entirety.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 6) I understand that Georgia bills her Personal Training clients on a pre-pay basis. Once Georgia and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. I understand that all Personal Training session are non-refundable.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 7) I understand that Georgia operates on a scheduled appointment basis for all Private Training sessions and thus requires that I provide 24 hours' notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours' notice given. Should I cancel a session without 24 hours' prior notice, I will be charged in full for that session. I understand that Georgia recommends that all canceled sessions be rescheduled to ensure consistency and fitness progress.

**I have read and understand this term: \_\_\_\_\_ (initial)**

- 8) I understand that Georgia may photograph many of her client events/sessions, and I provide written approval for her to use these pictures for promotional purposes.

**I have read and understand this term: \_\_\_\_\_ (initial)**

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I have read this Release and Terms of Agreement, and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

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CLIENT

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PERSONAL TRAINER

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DATE

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DATE