



Personal Training Agreement

Club Stamp

This agreement between SPORTIME and the member (called You, Buyer, I and/or Member) is subject to approval by SPORTIME management.

Last Name (Please print)	First	EMAIL Address
--------------------------	-------	---------------

Address	Home Phone #	Cell Phone #
---------	--------------	--------------

Member #	Package/Sessions Purchased	Amount Paid	Date	Staff Initials
----------	----------------------------	-------------	------	----------------

Policies and Terms

- These prepaid personal training sessions are not refundable after 3 days, except as otherwise provided under the *Rights To Cancel* on the *SPORTIME Membership Agreement*.
- Sessions are non-transferable.
- All personal training sessions must be used within 12 months of date of purchase. Special consideration may be given for absence as a result of medical conditions.
- Members agree to pick up and sign a PERSONAL TRAINING SESSION VOUCHER (this allows for accurate recording of sessions used) to be handed in to your personal trainer before the start of your scheduled session.
- SPORTIME will make every effort, but cannot guarantee that the same trainer will always be available to the member.
- Members must cancel sessions a minimum of 48 hours in advance to avoid being charged.
- Members late for a session will receive only the remaining time left in such session.
- Employees are not authorized to make changes in this preprinted agreement or to make any independent verbal or written agreement pertaining to membership, personal training, or other club rules.
- By signing at the bottom of this page, the member acknowledges having read this entire agreement, including the *Liability Waiver, Assumption of Risk and Release*, and agrees to abide by its terms and conditions.

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE

- 1) I agree that there are certain inherent dangers in participating in sports activities and in using health club equipment. In consideration of being allowed to participate in the activities and programs of SPORTIME and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the club and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the club or the use of any equipment at the club.
- 2) I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that sport and fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
- 3) I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and of machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness/sports activity, or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Member's Signature Date

Parent or Co-Signer's Signature Date

Membership Advisor's Signature Date

SPORTIME Manager's Signature Date

This agreement shall not take effect until executed by a manager of SPORTIME.

Office Use: MBR Codes: _____
Comp: (circle) Yes No