



Personal Training CONTRACT

Name: _____ Email: _____

Address: _____

Phone Number: () _____

Membership Status: Faculty/Staff Student E# _____ Alumni Other

<u>The Single:</u> 1 Session per week- \$30/session (1 session = 1hour) <u>Choose payment plan:</u> 8 weeks: \$240 4 weeks: \$120	<u>The Double:</u> 2 Sessions per week- \$27/session (1 session = 1 hour) <u>Choose payment plan:</u> 8 weeks: \$432 4 weeks: \$216	<u>The Quad:</u> 4 Sessions per week- \$25/session (1 session = 1 hour) <u>Choose payment plan:</u> 8 weeks: \$800 4 weeks: \$400	<u>Session Bundles:</u> 9 Sessions: \$30/session = \$270 15 Sessions: \$28/session = \$420 30 Sessions: \$27/session = \$810
<u>Special Packages:</u> (Reference personal training flier for details on packages)		Equipment Orientation: \$15 Fitness Assessment: \$25 Fitness Kick-Start: \$125 Lean and Mean Package: \$220	

*It is recommended that multi-person sessions have similar fitness goals

Total: _____

Method of payment: *(circle one and staple receipt to this form)*

Cash Check Credit Card Student Account Payroll Deduction

NOTE: *Must be a registered EMU student to use student account*

Student EID: _____ Faculty/Staff EID: _____

(only required if payroll deduction or student account)

Informed Consent:

I accept complete responsibility for my health and well-being in this voluntary exercise fitness program and I understand that no responsibility is assumed by the trainer or the Rec/IM.

Signature

Date

Cancellation Policy:

I understand that to secure a trainer for a specific time slot I must make a payment in full at least 24 hours in advance of the scheduled sessions. I also understand that no appointment shall be made without prior payment. In addition, if I fail to give at least 12 hours of notice prior to any cancellation I will be charged the full amount for that training session. Similarly if I am more than 15 minutes late, the session will be cancelled and I will be charged the full amount for that session.

Signature

Date

Payment Agreement:

I agree to pay \$_____ for _____ personal training sessions. I will use the method of payment selected on personal training form to pay the total charge for all personal training sessions including authorizing the Rec/IM to charge my student account and/or charges to be deducted from my payroll account as agreed upon. If I choose to pay by payroll deduction, fee charges will be deducted in equal installments from wages paid to me and any unpaid balance from my final check if I terminate before completing payment. I also understand that this is a binding contract and there are no refunds. All personal training sessions will be forfeited

Signature

Date

Date: _____

Personal Training Payment Consent Form

Student Account Bill to - Consent Form

STUDENTS ONLY!

Student Account Bill To: I authorize the Rec/IM fee charges to be billed to my student account.

Student Name: (Please Print):

E#: _____

Student Signature:

\$ _____

Total Price of PT Services

Payroll Deduction - Consent Form

FACULTY/STAFF ONLY!

Payroll Deduction: I authorize the Rec/IM fee charges to be deducted in equal installments for wages paid to me and any unpaid balance from my final check if I terminate before completing payment.

Faculty/Staff Name: (Please Print):

E#: _____

Faculty/Staff Signature:

\$ _____

Total Price of PT Services

of Deductions: 1 2 3

(Please circle one – max up to 3 payments, unless over \$500 of services)

Types of PT Sessions/Services Purchased

Check all that apply to this sale:

Sessions:

- ☐ 9 Sessions
- ☐ 15 Sessions
- ☐ 30 Sessions

- ☐ Equipment Orientation
- ☐ Fitness Assessment
- ☐ Fitness Kick-Start
- ☐ Lean and Mean Package

Packages:

- ☐ The Single: 4 weeks
- ☐ The Single: 8 weeks
- ☐ The Double: 4 weeks
- ☐ The Double: 8 weeks
- ☐ The Quad: 4 weeks
- ☐ The Quad: 8 weeks

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REC/IM