

We at  appreciate that our clients lead busy lives with numerous commitments. We understand that that may be the odd occasion where a scheduled training appointment will need to be changed and we will do our best to accommodate these situations. There are however, some policies that we enforce in an effort to keep our clients on track with training and avoid frustrating situations where valuable time is wasted.

Please read and sign your initials after each statement to indicate that you have read and understood these terms

	Please Initial
CANCELLATIONS: Twenty four (24) hours notice is required if you are unable to attend a training session. If less than 24 hours notice is given, that session will be counted and the client will be charged.	_____
TARDINESS: As many client sessions are booked back to back, it is important to be on time for your session. If you arrive late for your session it will still end at the scheduled time. If the trainer arrives late, you will receive a full hour.	_____
EXPIRATION DATE: All sessions purchased must be completed within three (3) months of the start date. The expiry date of your sessions will be _____.	_____
Dress appropriately for the type of activity that you will be engaged in. Please wear appropriate foot wear (no sandals), put long hair in a ponytail, wear clothing that is comfortable, but not too loose (to get caught in moving parts of machines).	_____
Always bring a water bottle and towel with you. The towel is mandatory when using all exercise equipment.	_____
Eat appropriately before you come as proper nutrition is the foundation of a healthy body. Working out on an empty stomach may cause dizziness and premature fatigue or a full stomach may cause cramps.	_____
I have answered the questions on the Medical Background (Par Q) Form to the best of my knowledge. I understand that medical clearance is required if I have any medical problems and have answered yes to any questions on the Medical Background Form.	_____
I understand that should I feel lightheaded, faint, dizzy, nauseated or experience any pain or discomfort that I am to stop the activity and inform my personal trainer immediately.	_____
I understand that the results of any fitness program cannot be guaranteed and that my progress depends on my effort and co-operation before, during and after my session(s).	_____
I understand that it is my responsibility to inform my personal trainer if any conditions or changes in my health occur which might affect my ability to exercise safely and with minimal risk of injury.	_____

Our commitment is to help you to reach your health and fitness goals; by adhering to the above, we can make it happen!
I understand and accept the policies as set out above.

Signature: _____ Date: _____

Trainer: _____