



## CLIENT AGREEMENT FORM

Welcome to Healthy Nation Personal Training. To ensure a good working relationship between you and your trainer, please take a moment to familiarize yourself with our policies.

### CANCELLATION POLICY

Consistency is an essential component in obtaining your exercise objectives, so we discourage cancellations. Trainers schedule consecutive appointments; therefore, appointments will begin and end at the scheduled time. As a service to the client, trainers will wait (15) minutes for their clients, after which the appointment will be considered a “No-Show”. IF YOU MUST RESCHEDULE YOUR APPOINTMENT, 24-HOUR NOTICE IS REQUIRED. PLEASE CONTACT YOUR TRAINER DIRECTLY. NO-SHOWS WILL BE CHARGED THE COST OF A SINGLE SESSION. Any sessions purchased by client shall, if not used within one year of purchase, be forfeited.

### PAYMENT POLICY

Payment in full is due prior to each session or package and is non-refundable.

### REQUIRED FORMS

- Client Agreement Form
- Health History
- Physicians Consent (if necessary)

Please initial the following paragraphs to indicate that you understand your personal obligations.

\_\_\_\_\_ I understand that I am personally responsible for monitoring my own condition throughout the exercise sessions and if I should experience chest pain or tightness, dizziness, excessive shortness of breath, or any other abnormal response to exercise, I will cease my participation immediately and inform my personal trainer.

\_\_\_\_\_ I will discuss with my physician any concerns he or she may have about my participation in an exercise program, will disclose all relevant information pertaining to my health status to my trainer, will acquire A Physician’s Consent form if requested by my personal trainer, and will discuss with my physician and my personal trainer any changes in my medical condition which may affect my participation.

\_\_\_\_\_ I will not participate in an exercise session with my personal trainer while under the influence of alcohol, drugs, or any prescription medication in a manner not specifically approved by my physician.

**I have read, understand, and agree to the above stated policies and procedures of Healthy Nation Personal Training.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_