## **Agreement for Personal Training Services** I. Client contact information:

first name:	· · · · · · · · · · · · · · · · · · ·	last name:
birthdate:	email:	
street address:		· · · · · · · · · · · · · · · · · · ·
city:		state:
zip:		
phone(mobile):		phone(home):
emergency contact:		phone num:
relationship:		
II. Terms: 1. Today's date:		
2. This agreement will	begin on:	and end on:
3. This agreement is for sessions a		i training services for:
	during the term of this	payable to "Lisa Lombardo" s agreement \$ 
A. Rescheduling of any sess B. Interruption of service requestion of service requestion of services of appointments. C. Cancellation of services of appointments. C. Cancellation of services of the services of the obligation of of the services of the client is not on time unchanged. F. If the trainer is late for sesting the services will remain the services will remain the services of the service	sion requires a minimum of quires a written request to emergencies, a minimum requires 30 day notice to a or permanent disability, the making payment other that for a scheduled session, issions, the time will be mareement: option to renew agreement in effect for duration of a services: appear for a pre-schedule in the form of th	ed, prepaid session, participant shall have the option to reschedule the inticular session.  It is call examination from their physician prior to beginning any exercise where a physician's approval prior to beginning a training program.
Client Signature	Date	<del></del>
Printed Client Name		_
Trainer Signature	Date	<del>_</del>