

# HOPEFitness

*Fitness for all*

## FITNESS TRAINING AGREEMENT

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Town/City Zip Code

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency:: \_\_\_\_\_ Manager/Guardian: \_\_\_\_\_

### MEDICAL QUESTIONNAIRE: (Please answer the following questions)

- |                                                                             |     |    |
|-----------------------------------------------------------------------------|-----|----|
| 1. Do you have a Disability?                                                | Yes | No |
| 2. Do you have any physical conditions that are currently causing you pain? | Yes | No |
| 3. Do you have juvenile or adult diabetes?                                  | Yes | No |
| 4. Are you currently taking medication?                                     | Yes | No |
| 5. Do you have high blood pressure? Low blood pressure?                     | Yes | No |

If you answered yes to any of the above, please explain: \_\_\_\_\_

Your health and fitness goals are? (Example: lose weight, feel better, create healthy habits): \_\_\_\_\_

### EXERCISE HABITS:

1. On average, how many days per week do you exercise? (Please check one)

\_\_\_ 2 or more days per week \_\_\_ Less than 2 days per week \_\_\_ No regular exercise program

2. What type of exercises do you perform? (Please check all that apply)

\_\_\_ Walking \_\_\_ Running \_\_\_ Weight Training \_\_\_ Stretching \_\_\_ Other: \_\_\_\_\_

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## TERMS & RELEASE:

The release is between the undersigned and Hope Fitness Corp. The mission of Hope Fitness is to provide excellence in exercise opportunities for our Clients. The undersigned agrees to the following which has been explained to them:

- A. HOPEFitness instructors are not doctors, nor are they to provide any medical advice.
- B. EXERCISE is a tool for learning about oneself and furthermore HOPEFitness does not guarantee to produce neither good nor bad results in each individual.
- C. SUGGESTIONS may be made to participate in the following: swimming, walking, yoga, or nutritional services as part of a healthy lifestyle.
- D. POTENTIAL for injury is a risk of participating in an exercise program. The Client assumes the risk and waives any right to sue for liability of personal injury, disability or death.
- E. PERSONAL medical information requested by HOPEFitness is used for the purpose of creating a safe and fun exercise program and is provided by Client for that purpose alone.
- F. FEES for individual (1 on 1) Personal Training sessions shall be \$\_\_\_\_\_ per session at: \_\_\_\_\_HOPEFitness\_\_\_\_\_Your Home (No charge for sessions cancelled with 24 hours notice)
- G. FEES for Group Fitness Training sessions shall be \$\_\_\_\_\_ per session to be held at \_\_\_\_\_ HOPEFitness \_\_\_\_\_ Your Home. The Client understands that he/she shall be charged regardless of attendance until such time that this contract is cancelled in writing. The Client(s) may make up any missed Group sessions at any time.
- H. FREQUENCY shall be \_\_\_\_\_ times per week for 1on 1 Personal Training sessions and/or \_\_\_\_\_ times per week for Group Fitness Training sessions.
- I. TRAINING session shall begin on \_\_\_/\_\_\_/\_\_\_ and are to be performed \_\_\_ Weekly\_\_\_ Other: Client(s) chooses to be a: \_\_\_Enrolled member \_\_\_Pay as you go member \_\_\_Paid in full member
- J. PAYMENT shall be made monthly and a late charge of \$5.00 per month shall be added to all unpaid invoices over thirty (30) days. The Client/Guardian understands that he/she shall be responsible for all fees (legal, etc.) incurred in connection with obtaining payment. All changes to be made in writing only.

I, the undersigned acknowledge that I should consult with my physician before undertaking a physical exercise program. I understand Hope Fitness staff has no expertise in diagnosing, examining or treating any medical condition. I assume all risk of loss, damage and theft to my personal property while on Hope Fitness premises.

I, the undersigned agree that this document is the full agreement between Hope Fitness and myself. Similarly I have entered into this agreement free and voluntarily without force or coercion.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

or

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HOPEFitness Representative: \_\_\_\_\_

Date: \_\_\_\_\_

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*Fitness for all*

*To All Our Valued Agency Clients*

## **HOPEFITNESS MEMBERSHIP OPTIONS AND RATES**

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**HOPEFitness Membership Options**

**(Please choose one)**

- ( ) **Enrolled Member:** Clients are billed monthly regardless of weekly attendance and may make up any missed sessions at ANY time. **NO CHARGE** when clients are at camp, vacation or injured. Clients receive **priority** because space is limited. Clients receive e-mail notification of closings due to inclement weather, etc.
- ( ) **Be a Yearly "Paid in Full" Member:** Receive a 5% discount. No monthly invoices.
- ( ) **Be a "Pay As You Go" Member:** Simply bring payment at each visit. No monthly invoices. Not recommended for group homes. Best for Individuals or groups who cannot attend weekly.

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**HOPEFitness Rates Effective June 08'**

<b>Group Fitness Training:</b> (At HOPEFitness)	<b>\$15.00</b> (per person/session)
<b>Group Fitness Training:</b> (In-Home/5 or more Clients)	<b>\$15.00</b> (per person/session)
<b>(1 on 1) Personal Fitness Training:</b> (At HOPEFitness)	<b>\$50.00</b> (per person/session)
<b>(1 on 1) Personal Fitness Training:</b> (In-Home)	<b>\$55.00</b> (per person/session)
<b>Kids Multi-Sensory Program:</b> (At HOPEFitness)	<b>\$20.00</b> (per person/session)

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**HOPEFitness Policy**

**A \$5.00 late charge shall be added to all invoices unpaid after 30 days  
Services shall be suspended to all clients with invoices unpaid after 30 days**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

or

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_