

 Client Agreement Form

Effective Date - ---/---/----

Agreement between Masterfit Personal Trainer located at Jindalee

And

Client - First Name, Surname,

 DOB

 Address

 Phone Number and Email Address

The Client has entered into an agreement to undertake ------- (enter number) personal training sessions with Master Fit Training. The sessions will be one-on-one/group sessions (delete as required) commencing on --/--/-- and will be

----- times per week.

 The Client agrees to pay the agreed fee of $ -------- per session. It is to be paid in advance by PayPal or credit card (details on payment form) or paid in instalments of $----- per week for 3 months.

Personal Training Terms and Conditions

1. If a training session is not cancelled with a minimum 24 hours notice the Client will be charged. However, emergencies or sudden illness will be exempt at the discretion of the Trainer.
2. Rescheduling a session time slot will be accommodated where possible at the discretion of the Trainer. It is important for a client to have a consistent schedule. Rescheduling occasionally is completely understandable. However, if it is done regularly, it may result in the loss of your time slot.
3. In the case of extreme weather events, the Trainer will contact the client to work out alternate inside venue or another time.
4. If a client is more than 10 minutes late for a training session without notifying the Trainer, the session may have to be cancelled depending on the Trainer’s schedule. The Client will be charged in full for the lost session. If appropriate the remaining time for the session can be used for training.
5. If a trainer is more than 10 minutes late for the session without notifying the Client, every attempt will be made to accommodate the Client to train. However, if that is not possible, the fee for the session will be refunded in full.
6. The Client agrees to notify the Trainer of any medical conditions or injuries before commencing training. Ideally, this should be discussed with the Trainer on the day prior by phone.

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Signature of Client

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Name of Client

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Signature of Trainer for Master Fit Training

Date ------------