

## Personal Training Agreement

I understand that I have obtained the services of Personal Trainer, Heather Sorenson, to guide me toward achieving my fitness goals. I also understand that a lifestyle change needs to be made and adhered to for my goals to be met. Body composition changes and muscular development are more likely to occur with regular participation in a well-planned exercise program 3-5 times per week and daily monitoring of my eating habits.

### Session Fees (2020):

1 Person:	30 minutes: \$40.00 45 minutes: \$60.00 60 minutes: \$80.00	2 Person	30 minute: \$35.00/pp 45 minutes: \$55.00/pp 60 minutes: \$60.00/pp	3+ people	30 minute: \$30.00 /pp 45 minutes: \$50.00/pp 60 minutes: \$40.00/pp
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**Class Pass (8 classes per month)** – cancellation policy does not apply  
\$125.00 / per month

### Program Bundle Fees:

Basic: \$150.00 / month                      Pro: \$225.00 / month                      Elite: \$350.00 / month

### Program Fees (2020):

Programs requested will be charged on a month basis at a rate of \$150.00 per month. Programs will be created for client based on specific needs or requests. Programs are intended for the use of the client requesting the program. Clients assume all risks and responsibilities pertaining to the program at the time it is given. Additional sessions may be necessary to explain and/or demonstrate the program details.

### Cancellation Policy – Training Session

I understand that I will be charged for any scheduled session unless a documented physician's medical release is provided, stating a severe illness or condition which limits me from continuing the program. I understand that Personal Trainer, Heather Sorenson, requires a 24 hour cancellation notice and that I will be billed for this scheduled time if I do not cancel within 24 hours of the scheduled appointment and/or should I fail to show up for the session. Cancellations made directly to the trainer via phone, text or email, regarding an appointment will also be subject to the cancellation policy. Inclement weather in less than 24 hours of scheduled session is not cause for cancellation and will result in being charged should you fail to show up to your session. If the status of a session does change, you will be informed by Personal Trainer, Heather Sorenson directly.

**To cancel my appointment, I must call: 206-406-2666**

**Initials:** \_\_\_\_\_

### Late Policy / Rescheduling

Sessions will start at the agreed upon time. If you are more than 10 minutes overdue for your session and fail to communicate your tardiness with Personal Trainer, Heather Sorenson, she will be no longer obligated to fulfill the time commitment allotted for your session. More than 10 minutes late without communication will be considered a "No Show" thus resulting in an invoice being generated for the missed appointment. Sessions needing to be rescheduled by the client with less than 24 hours from the time of the appointment will be subject to the cancellation policy listed above.

**Initials:** \_\_\_\_\_

### Payment

I agree to pay for each session at the time of the session, unless prearranged with trainer Heather A. Sorenson prior to the session. Failure to provide payment will result in a discontinuation of services until the payment has been made for the services provided. Payment methods consist of cash, personal check or VENMO payment. VENMO Account: @Heather-Sorenson-1

**Initials:** \_\_\_\_\_

### Waiver and Release/ Rules and Regulations

I hereby acknowledge that certain risks of physical injury and death are inherent in the training activities anticipated within the fitness room. Such risks include, but are not necessarily limited to; heart attacks or other heart conditions, respiratory distress, dehydration, cramping, muscular strains, etc. I hereby understand and agree that Personal Trainer Heather Sorenson shall not be liable for death, injuries, damages or property losses arising out of the operation and use of the fitness room and further agree to indemnify and hold Personal Trainer Heather Sorenson, harmless from any or all claims arising out of such activities. I fully understand the contents and ramifications of this release. I acknowledge that I have read the above rules and terms and fully understand them.

**Client Name (printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian (if under the age of 18)** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Fitness Instructor :** \_\_\_\_\_ **Date:** \_\_\_\_\_