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Personal Training Client Agreement

Date: _____

Name: _____

Personal Trainer: _____

Goals and Strategies

My main goal is to _____

- 1 month goal _____
- 2 month goal _____
- 3 month goal _____
- 6 month goal _____

To achieve my 1 mo/2mo/3mo/6 month goals I commit to do the following:

- Cardiovascular _____

- Strength training _____

- Flexibility _____

- Nutrition _____

Sanctuary for the Physical Arts Policies

- I have exchanged contact information with my Personal Trainer and have indicated my preference for being contacted.
- The first appointment includes a fitness evaluation and typically lasts 60-90 minutes. Ongoing personal training sessions are typically 60 minutes.

- I understand that I am expected to arrive for my appointments on time, dressed and ready to train. If I arrive late for my appointment, I understand that my training session will end at the originally scheduled time and that I will be charged for the full session.
- Cancellation Policy: I understand that appointments must be cancelled by phone only within 24 hours of my scheduled time in order to avoid being charged for the full session. I understand that if I do not show up for my scheduled training session, I will be charged for the full session.
- In the event that my Personal Trainer fails to contact me to reschedule within 24 hours of our scheduled session or does not show up, she will schedule an additional session at no cost to me.

Informed Consent and Release of Liability

1. I hereby consent to voluntarily engage in an acceptable plan of personal fitness training, including periodic physical assessment tests to determine my cardiorespiratory and muscular fitness, including flexibility, strength, & endurance. Depending on my health status, I may or may not be required to have my blood pressure and heart rate evaluated during sessions to regulate my exercise within desired limits. If I am taking prescribed medications, I have already so informed the program staff and further agree to promptly inform them of any changes my doctor or I make with regard to use of these. All physical activities, including fitness assessments, will be thoroughly explained and instructions given prior to my participation. It is my responsibility to monitor my physical symptoms such as fatigue, shortness of breath, or chest discomfort during activity. I have the complete right to decrease or stop the activity at any time and the obligation to inform fitness personnel of my symptoms, should any develop. **(Please initial _____)**
2. I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise or assessment, including, but not limited to, abnormal blood pressure, fainting, dizziness, and very rare instances of heart attack stroke, or even death. I further understand and have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort will be made to minimize these occurrences by proper staff assessments and supervision, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise and it is my desire to participate as herein indicated. **(Please initial _____)**
3. I have been informed that the information obtained in this personal fitness training program and any associated fitness assessments will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do however, agree to the use of any information for research or statistical purposes, so long as it is not personally identifying. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. **(Please initial _____)**
4. I have been given an opportunity to ask questions as to the procedures of this program. I acknowledge that I have read this document in its entirety. I release Sanctuary for the Physical Arts from any liability and agree not to sue them with respect to any cause of action for bodily injury, property damage, or death occurring to me as a result of my participation in this fitness program and/or assessment. **(Please initial _____)**
5. I have read and agree to all parts of this Agreement.

Date: _____ Signature: _____