



This agreement is made between Above the Rest Academy
and client: _____

TRAINER:

- Will stay current with applicable professional certifications.

CLIENT RESPONSIBILITIES:

- Has and will accurately and honestly complete health history.
- Will promptly inform trainer of any changes in medical condition or of any new injuries
- Agrees to allow Trainer to contact Client’s personal physician and/or obtain medical records when necessary.
- Will give Trainer at least 24 hours’ notice to reschedule any appointment. If 24 hours’ notice is not given, session will not be rescheduled unless dire emergency or illness. This will count as client forfeiture.
- Will comply with advanced scheduling and payment policies as set forth below.
- Will be ready to work out when Trainer arrives and give Trainer un-interrupted attention.
- If Client informs Trainer that they will be delayed in starting, time is subtracted from 60-minute workout.
- If Client stops training before the end of this agreement, the Client is still held responsible for all financial obligations.

SCHEDULING AND FEES:

- Training is paid in advance. Fees are non-refundable unless catastrophic injury or illness.
- Once training is scheduled, both Client and Trainer are held liable for these time slots
- If Client does not cancel within the 24-hour period they will forfeit that session

COMMITMENT DURATION:

	4 weeks	6 weeks	8 weeks	12 weeks	Continuous weeks
Client Initial					
Trainer Initial					

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Trainer of any symptoms such as fatigue, shortness of breath or chest discomfort.
I AGREE AND UNDERSTAND. INITIAL HERE _____.

I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training) all of which increase heart rate and body temperature.
I AGREE AND UNDERSTAND. INITIAL HERE _____.

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints, or muscles.

Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

I AGREE AND UNDERSTAND. INITIAL HERE _____.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation.

I AGREE AND UNDERSTAND. INITIAL HERE _____.

I do hereby waive and release ATRA any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.

I AGREE AND UNDERSTAND. INITIAL HERE _____.

I declare that I have read, understand, and agree to the contents of this Personal Training Agreement in its entirety. All our questions have been answered and we both agree to abide by the above term and condition and to use our best efforts to meet our training goals.

Athletes Name: _____
Please Print

Parents Name: _____
Please Print

Signature: _____
(Parent must sign if athlete is under age 18)

Date: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information				
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX				
<input type="checkbox"/> Zelle <input type="checkbox"/> Venmo <input type="checkbox"/> Cash App <input type="checkbox"/> PayPal <input type="checkbox"/> Other:				
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):				
Auto Pay				
Bank Institution:				
Routing Number:				
Account Number:				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Randel Horton
Above the Rest Academy
310-877-3111