

**Agreement**

- (1) All fitness training, nutritional guidance, athletic therapy, stress management and yoga sessions are on a **Prepayment** system and the full packages must be paid in full before any session begins.
- (2) **24 hours** notice must be given to *Fitness 4 Life INC.* if a session needs to be cancelled. If a session is cancelled without 24 hours notice the participating individual will be charged for the session.
- (3) A complete description of any injuries or disabilities must be given to *Fitness 4 Life INC.* during the body evaluation, which may affect the ability to participate in any program and affirm that the participating individual is physically able to participate in fitness/rehabilitation programs.
- (4) The participating individual will accept full responsibility of any and all risks, dangers, personal injury and death that could be associated with a physically demanding fitness/rehabilitation session.
- (5) In agreement with *Fitness 4 Life INC.* accepting this contract for personal training athletic therapy, nutritional guidance, stress management and yoga. **I hereby release and forever discharge** *Fitness 4 Life INC.* and its directors, employees, instructors and assigns from any and all claims, demands and liability in connection with my participation in the fitness/rehabilitation sessions; however such claims, demands or liability may occur concluding negligence on behalf of *Fitness 4 Life INC.* and its fitness/rehabilitation team.

I further understand and have been notified that *my* training rates are as follows:

**Package**

Package \_\_\_\_\_ \$ \_\_\_\_\_



In the event of extraneous circumstances preventing the participating individual from using all of the sessions, sessions will be credited and will roll over to the next month. Because this is a prepaid financial commitment all participating individuals are entitled to package savings and having a permanent timeslot on the master schedule. This policy ensures that I will receive the benefits the program is designed to provide. Each session has a 1 week expiry date and if not used up in that time, unless otherwise noted (holidays, sickness) a session credit will be used.

I acknowledge that I have read this document and that I fully understand that it is intended to release *Fitness 4 Life INC.*, its directors, employees, instructors or assigns from any and all liability for loss and damage of every kind and description.

*The Personal Information and Electronic Documents Protection applies to this contract.*

The member may cancel this contract for any reason by giving notice of cancellation within 7 days of receiving a copy of this contract. If for some reason the contract needs to be terminated, no money will be refunded unless cancelled within the first 7 days of signing.

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

Printed Name: \_\_\_\_\_

Director: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

Package: \_\_\_\_\_ \$ \_\_\_\_\_