



Adventure Core
Nutrition and Fitness

Personal Training and Nutrition Contract

Client Name: _____

Date: _____

Phone: _____

Email: _____

Address: _____

I understand and agree to the following terms and conditions:

1. Fees:

The client agrees to pay in full prior to starting the session. For group training, client agrees to pay 1 month in advance.

2. Cancellations:

I understand that emergencies happen. You must either make up your session within 7 days or be charged for the cancelled session. In case of an illness; you have an extra week to make up the session. No shows are not eligible for a makeup session.

3. Tardiness

Due to the fact that I have a tight schedule, I may not be able to honor the full hour if you arrive late. I may have clients scheduled immediately after this session at my home studio or may have to run to one of my partner's studios to meet up with a client. If possible, I will honor the full hour but cannot guarantee if you are late.

4. Start Date: _____

I have read and understand the above contract:

Personal Trainer Signature / Date

Client Signature / Date