

PERSONAL TRAINING AGREEMENT

I, the undersigned, do understand the initial visit may take up to two hours.

I agree to pay \$_____ dollars in full for the services I am requesting.

I understand that if I fail to make an appointment that I scheduled and ~~do not provide a 24-hour notice of cancellation, I will be charged for that appointment.~~

I understand that if I choose to cancel either the 5 or 10 session special before completion, I will be charged the individual hourly rate of \$35 per session for the sessions used. Exceptions will be made if cancellation is due to deployment or with a written medical notice.

I understand that the 5-session special applies to 5 weeks and the 10-session special applies to 10 weeks.

I understand my physician needs to be aware of my decision to start an exercise program. I agree to accept all responsibility to inform my physician and to accept responsibility for any actions should I choose not to inform my physician.

I agree to complete a health form answering questions truthfully, as to the best of my knowledge, as to my current and past state of health.

I agree to get a medical clearance before starting the physical portion of training, if the trainer recommends this is needed.

I agree not to hold the MWR, Navy Region Hawaii, U.S. Navy, USAF, or any part of the armed services, or the U.S. Government responsible if I should suffer injury during the course of exercise prescribed by the trainer.

I, the undersigned, have read and understand the above paragraph as indicated by my initials signed prior to each. I agree that I am in a current state of good mental and physical health.

ALL PARTICIPANTS MUST READ AND SIGN THIS WAIVER: I acknowledge that exercise tests a person's physical and mental limits and comes with it the potential for death and property loss. I hereby assume the risks of participating in this activity and certify that I am physically fit; have sufficiently trained for participation in this activity and have not been advised otherwise by a qualified medical person. I acknowledge that this form will be used by the Morale, Welfare and Recreation Department (MWR). I hereby take action for myself, my executors, administrators, heirs, next of kin and assigns as follows: **RELEASE, RELEASEE, AND AGREE NOT TO SUE**, from any and all liability for my death, disability, personal injury, property damage, property theft, or loss of any kind which may hereafter accrue to me as a result of my participation in or my traveling to and from this activity. **THE FOLLOWING PERSONS OR ENTITIES (MWR Department, MWRB, MWRBHQ and HOLD HARMLESS** the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individual or entities as a result of any of my actions during this activity. **I HEREBY CERTIFY THAT I AM 18 (EIGHTEEN) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.**

Trainer, Full name: _____ Date: _____

Client name: _____

Trainer's signature (if smaller than _____ Receipt #): _____

ASSUMPTION OF RISK: I, the personal trainer, do hereby attest to witnessing this client read and sign this contract. I agree to act in the best interests of my client by providing him/her with the best professional service current with my level of training and expertise. I agree to provide my client with the safest possible exercise prescription geared to his/her current level of fitness and guidance based on health information provided to me through verbally/written form.

Trainer, Full name: _____ Date: _____

Client name: _____

Personal Training Agreement Sample

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Table of Contents Personal Training Agreement Sample

1. Understanding the eBook Personal Training Agreement Sample
 - The Rise of Digital Reading Personal Training Agreement Sample
 - Advantages of eBooks Over Traditional Books
2. Identifying Personal Training Agreement Sample
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in a Personal Training Agreement Sample
 - User-Friendly Interface
4. Exploring eBook Recommendations from Personal Training Agreement Sample
 - Personalized Recommendations
 - Personal Training Agreement Sample User Reviews and Ratings
 - Personal Training Agreement Sample and Bestseller Lists
5. Accessing Personal Training Agreement Sample Free and Paid eBooks
 - Personal Training Agreement Sample Public Domain eBooks
 - Personal Training Agreement Sample eBook Subscription Services

- Personal Training Agreement Sample Budget-Friendly Options
- 6. Navigating Personal Training Agreement Sample eBook Formats
 - ePub, PDF, MOBI, and More
 - Personal Training Agreement Sample Compatibility with Devices
 - Personal Training Agreement Sample Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Personal Training Agreement Sample
 - Highlighting and Note-Taking Personal Training Agreement Sample
 - Interactive Elements Personal Training Agreement Sample
- 8. Staying Engaged with Personal Training Agreement Sample
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Personal Training Agreement Sample
- 9. Balancing eBooks and Physical Books Personal Training Agreement Sample
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Personal Training Agreement Sample
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Personal Training Agreement Sample
 - Setting Reading Goals Personal Training Agreement Sample
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Personal Training Agreement Sample
 - Fact-Checking eBook Content of Personal Training Agreement Sample
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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