FITBODY STUDIO PERSONAL TRAINING AGREEMENT

FitBody Studio collects payment for personal fitness training on a pre-pay basis. FitBody trainers work on a scheduled appointment basis at 2402 N. Nevada Avenue, Colorado Springs, CO 80907. Please sign policy item, training package to purchase and sign at the bottom.

POLICIES

1. Refunds

A refund is allowed if a client's medical condition exists that makes it impossible to continue working with a trainer. In this case, a physician's written notification is required.

2. Inactive Period

If a freeze on use of a purchased training package is needed, a written email request to trainer is required. Training sessions following a 30day inactive period are non-refundable. Sessions unused after a 90-day inactive period will no longer be available. Sessions may be transferred to another individual within the 30-day inactive period.

3. Appointment Cancellations by Client

CLIENT CANCELLATIONS: In order for us to effectively use our time we ask that clients give trainers a 24-hour notice when canceling an appointment. Personal training sessions canceled inside 24 hours of the scheduled appointment will be charged at the normal rate of a single session. When canceling or rescheduling within 24-hours call your trainer directly. If your personal trainer is unable to keep your scheduled appointment for any reason and is unable to give you at least a 24-hours notice you will receive a free personal-training session.

4. Appointment Cancellations for Partner Training Sessions

Canceling an appointment with a group/partner package. If a participant in group/partner session cancels greater than a 24-hour notice and the other buddies maintain their session, the cancelled buddy will forfeit their session unless everyone agrees to reschedule the training session.

5. Late Arrival

If late to training session, the session must finish on time.

6. Transfer Policy

Training sessions can be transferred to another participant with a written advanced notice.

7. Facility Use

The client will have use of the cardio equipment if authorized trainer or owner is present. Use of the weight equipment at Facility without direct supervision is strictly prohibited.

LIABILITY AGREEMENT	
l,,	(referred to as the "client") have read the aforementioned and
understand and accept these policies as th	ey relate to personal fitness training procedures with my FITBODY
STUDIO personal trainer, (referred to as the "	trainer").

The client acknowledges that any fitness program involves risk of injury. The client represents that they have been recently examined by a medical doctor and are able to undertake an exercise program. The client agrees that the exercise program shall be at their own risk and the trainer shall not be liable to client, nor any other person, for any claims or causes of action whatsoever arising out of or connected with the services of the trainer. The client hereby releases and discharges trainer from any such claims, actions, demands, damages, costs loss of service expenses claims of bodily injury personal injury etc.

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urs of my scheduled appointment at the normal ro	
Date:	

PAYMENT AGREEMENT

This agreement is between:	ng package above. The auto renewal feature will sessions used. Contract Duration and Automatic act Start Date, with automatic renewal for subsequent by either Client or FitBody Studio with notification of
Agreement to Pay Recurring Fees: Client agrees to pay Fit Client authorized automatic credit card or checking according charged when the total sessions have been used. Please a package marked above, as an automatic charge to my account for each cycle of sessions. (b) I hereby certify the signer on the bank checking account detailed below. (c) checking account payment fails to authorize for any reason provide a valid credit card or checking account ACH information and the content of	count ACH charges. Client's form of payment will be read and sign below. (a) I agree to purchase the credit card, or automatic debit to my checking at I am the holder of the credit card, or an authorized I understand that I will be notified if my credit card or on, and that a \$10 late fee will apply if I do not ormation within 10 calendar days of the original
signature:	Date:
CREDIT CARD #: (Submit details in person at studio) CREDIT CARD EXPIRATION DATE: (Submit details in person of CVV CODE #: (Submit details in person at studio)	at studio)
BILLING ADDRESS ASSOCIATED WITH CARD:	