AGREEMENT

Upon entering into this agreement, I agree to undergo an initial assessment which may include postural assessment, gait screening, photos, videos, heart rate, blood pressure, height, weight, range of motion, and strength. The initial assessment is not included with the session fees and will help with the design of my exercise program. Denial of the assessment will result in an inability to participate in this exercise program.

Initial Assessment: \$90/50 mins (\$25/additional 15 mins)

I understand that kinesiotape® may be recommended as an adjunct to my exercise program. It would be performed by a certified kinesiotaping practitioner® for a fee of \$25 and \$10 for any additional body part during a session. I may also purchase tape from Body Resolution, LLC, if I so choose. The following rates are listed and I will circle the one that I am interested in.

Fitness, Golf, and Strength and	l Metabolic Classes:			
1 session: \$45				
4 sessions: \$160 (\$40 per session	n)			
8 sessions: \$280 (\$35 per session	n)			
12 sessions: \$360 (\$30 per sessions)	on)			
24 sessions: \$600 (\$25 per sessions)	on)	Seminars: \$50	and up	
One-on-One Personal Training	sessions: \$90 per 50 m	ins, \$25 for each	additional 15 n	nins
Two-on-One Partner Personal	Training Sessions (with	a friend, a spou	se, or other clie	nts) 50 mins:
1 person @ \$90	4 people @ \$55 each			
2 people @ \$65 each	5 people @ \$50 each			
3 people @ \$60 each	6 people @ \$45 each			
Payment is due at the time of s	ign up and is non-refu	ndable. Rates are	e subject to cha	nge. Cash,
Check, and Zelle are accepted.				
All sessions will expire 1 year fr	om last session date at	tended. Sessions	are not covered	l by insurance.
Bounced/returned checks will r	esult in a fee of \$25 per	occurrence.		
For classes, signups will be onli am unable to attend, will notify else may participate. If it is less For personal training, I will are staff 24 hours in advance to car paying my session fee. I have read over the agreement	y the staff 24 hours in a s than 24 hours, I will l range appointments wi neel my session. If it is	advance to cance be held responsib th my personal t less than 24 hou	el my session, so ble for paying m rainer. I will ca	that someone y session fee. all or email the
Signature			Date	
Signature of guardian (if under	18)		Date	Effective 1/1/202