

REIDT FITNESS SYSTEMS, INC  
CLIENT CONTRACT

**ALL** clients of Reidt Fitness Systems, Inc. (hereinafter "RFS") are billed through monthly automatic debit via credit card. RFS does not accept personal, or business checks. Please complete the information below with your complete credit card information and promptly return to RFS prior to beginning your training program.

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of credit card (circle one) Visa / Master Card

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Email: *\*To be used for billing purposes only* \_\_\_\_\_

Preferred contract length:  12 months (\$350/month)  Month to Month (\$500)

**I hereby acknowledge that it is my responsibility to make my scheduled workouts, the billing price remains the same regardless of how many workouts per month I attend. Any changes to this agreement must be in writing and signed by all relevant parties.** By signing below, I hereby acknowledge that my credit card will be billed monthly as indicated above by RFS. With my signature I further authorize my specified credit card company to make payments as directed and described herein.

If I change my credit card during the duration of this agreement, or if there are any issues in the payment processing of my credit card, I hereby agree to immediately notify RFS. If I fail to timely notify RFS, or rectify the billing dispute within three (3) days notice from RFS, a late charge of \$50 will be applied. I hereby understand that I may not be allowed to attend further training sessions if I breach this agreement by failing to pay timely, or failing to promptly attend to the amounts owing.

I understand that should I need to cancel services for any reason, I must notify RFS in writing a minimum of 15 days prior to the next billing date. **There are NO refunds and all payments are final.**

I understand that the weekly schedule will be posted on Twitter @RFSSchedule and it is my sole responsibility to obtain the updated schedule each week. *\*A Twitter account is not necessary to access this information*

I have concurrently executed a waiver and release of liability and provided my emergency contact info to RFS.

I understand RFS has the right to rescind this agreement at any time, for any reason, and in such an event RFS agrees to immediately refund any unused sessions paid in advance.

In the event that any suit, action or arbitration is initiated to enforce or interpret this agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees, costs and out-of-pocket expenses of trial, or appeal.

**I certify that I have fully read and understood this agreement and will comply with its terms and provisions.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Parent/Guardian signature is required if the participant is under 18.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_