



Owner: Jennifer Flaningam

Phone # 619-306-7565

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Website: www.jen4fitness.com

Personal Training Agreement

I, _____ (Print Client Name):

- Acknowledge that I am in good physical condition and have no impairment or disability preventing me from engaging in the physical conditioning being offered by Jen4Fitness personal training. I recognize that the trainer, Jennifer Flaningam, is not a licensed medical practitioner and acknowledge that she can not make claims as to medical results or suggestions as to medical treatment. Activities offered by Jen4Fitness are all physical and include risk of injury to oneself, from another participant, or in the use of the facilities and apparatus. I understand and accept these risks and agree that neither Jen4Fitness nor Jennifer Flaningam will be held liable for any personal injury, property loss, or damage to myself.
- Have disclosed, to the best of my knowledge, medical information prior to beginning the training program. I will adhere to the direction of the trainer and will not hold the trainer, Jennifer Flaningam, responsible for lack of results or injury.
- Understand that I am responsible for attending all scheduled sessions and for arriving on time to scheduled sessions.
- Understand that failure to provide 24 hour notice for cancellations may result in my being charged the full amount of the appointment.
- Understand that there will be no refunds or billing credits on training sessions
- Understand that all prepaid sessions expire 6 months from original date of purchase.

Client Signature: _____ Date: _____

Email address: _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Trainer Signature: _____ Date: _____