



FRU FIT Client Contract

Full Name:	
Street Address:	
City, State and Zip:	
Date of Birth:	
Email:	
Phone Number:	
Emergency Contact:	

ELIGIBILITY: (Initials ___)

- Clients must be currently authorized by their Physician in order to participate in this or in any other Fitness Program or Regimen with the Personal Trainer.
- The Personal Trainer reserves the right to deny services to participants who may not be able to exercise safely within the program parameters.
- If it is determined that the client has one or more risk factors, based on the criteria set forth by the American College of Sports Medicine and/or the Aerobics & Fitness Association of America, that could be a potential risk during exercise, he/she will be referred to their Physician for an in-depth fitness assessment before receiving any personal training or any other type of classes from the Personal Trainer.

CONDUCT OF TRAINING SESSIONS: (Initials ___)

- Client must wear proper attire (i.e. shorts, sports bra, sweat pants, t-shirt, tennis/running shoes, etc.) Absolutely no jeans, jean shorts, sandals, open toe shoes of any kind. (Exceptions may apply)
- Client will bring all necessary personal fitness aids to their session. (i.e knee support, weight belt, wrist wrap, and elbow support etc...)
- All sessions will be conducted at 7828 Parstons Drive, District Heights, MD 20745. (Subject to change)
- Each training session is 60 minutes in length.
- Client is aware that there is no minimum or maximum amount of persons per group training session.

PHOTO/VIDEO/RELEASE: (Initials ___)

- _ Anonymous (shoulder down only and no tagging or recognition by name)
- _ Full Disclosure (full body picture, tagging and recognition by name)



PRICING AND PAYMENT: (Initials _____)

I acknowledge and agree that this Personal Training Contract is not transferable or assignable to any other person. I acknowledge that payments (including MD state tax) is required for blocks of sessions in advance of actual training sessions. I agree to pay in advance for training sessions. I understand this money is NON-REFUNDABLE. I understand this contract and the term it presents is for the purchase of sessions and any other purchase of services in the future. I acknowledge that this specific contract, consent, and agreement are continuously valid indefinitely. No refund will be granted for sessions that have not been completed within the month/weeks purchased, in accordance to the contractual terms above. I understand Patrice A. Jones has the right and the authority to terminate the program at any time, with no refund, if I do not follow the program or fail to conduct myself in an appropriate manner. **By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.**

I fully understand that the cost of an individual package must be paid in the form of cash, CASH app (\$FruFit) or PayPal: (PatriceFruFit@gmail.com). Payments are due by the 1st of each month, with a 4 day grace period. Payment received on the 5th or thereafter will incur a \$25.00 late charge fee for the 1st instance and \$50.00 thereafter. In addition, the client understands they will not be permitted to train after the 5th of the month if payment has not been received. AFTER THE 10th OF THE MONTH, THE CLIENT CONTRACT WILL BE AUTOMATICALLY SUSPENDED FOR NON-PAYMENT. ABSOLUTELY NO REFUNDS. There will be absolutely no price adjustments due to missed sessions as result of late payments.

If client chooses to discontinue training services, the request must be received in writing via email (Patricefrufit@gmail.com) by the 25th of the last training month.

Group Training Pricing

****\$349 (+ 6% Maryland state sales tax) for 1 month of unlimited sessions****

****If client begins training session after the 5th of the month, client agrees to pay weekly fee of \$87.25 (+ 6% tax) or (pro-rated monthly amount indicated); client will then begin regular payments the following month as explained in the contract.****

***Payments are due by the 1st of each month. FRU FIT accepts cash and payments via PayPal (PatriceFruFit@gmail.com) and CASH App (\$FruFit)**

I am purchasing 1 month of UNLIMITED sessions, for a total cost of \$_____. I am submitting my first payment of \$_____ on ___/___/__. I agree to submit my next 2 payments on ___/___/__ & ___/___/__ as noted in this client contract above for the duration of 3 months.

See late fee information above.



CANCELLATIONS: (Initials _____)

- ***I understand that I will not receive a refund for missed appointments. It is my responsibility to attend my personal training appointments when they are scheduled.***
- All ***make-up sessions MUST be made before the 90 days (3 month) end***, unless the client is instructed to limit physical activity per physicians written notification. ***NO EXCEPTIONS FOR ANY REASON (including, but not limited to, work travel, scheduling conflicts or short-term illness)***
- ***Absences due to long term illness or disability must be accompanied by a signed physicians document upon exit and return to training sessions. Upon return, client will be permitted to complete remaining sessions purchased. After 90 days if the client has not returned the contract is cancelled.***
- I understand that appointments will begin and end promptly as scheduled. I acknowledge that any delays to the start of a scheduled appointment will not be a cause of extended service beyond the remainder of the scheduled time. I will not expect or ask my trainer to run overtime.
- I understand that if I am more than 15 minutes late for my session, I will need to select the next available time slot.
- I understand that sessions will run approximately one hour unless otherwise stated.

TRAINER ABSENCE/LEAVE: (Initials _____)

- Clients will be notified via email and Facebook private group page (FRU FIT 40) of trainer absence prior to affected training session.
- Make-up sessions will be offered on Sundays only.

I _____ (Print Full Name)/ (Signature Here) _____ hereby agree to accept and be legally bound by this Personal Training Contract provided by FruFit Affordable Fitness. By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

Patrice A. Jones

Certified Master Personal Trainer, AAI

Contact: 202-766-5491 & Email:PatriceFruFit@gmail.com

Training Location: 7828 Parston Drive, District Heights, MD 20747

 **FACEBOOK: Facebook.com/FruFitAffordableFitness**

 **INSTAGRAM: @fru_fit_affordable_fitness**

 **YouTube: YouTube.com/PatriceFruFit**

 **Twitter: Twitter.com/FruFit**