



Fitness & Wellness Group

Personal Training / Fitness Coaching Registration

Contact Information

Name: _____ D.O.B.: _____ Age: _____
(First) (M.I.) (Last)

Street Address: _____ City: _____ State: _____

Zip: _____ Cell Ph: () _____ Home Ph: () _____

Other Ph: () _____ Email: _____

In Case of Emergency, Contact: Name: _____ Phone: () _____

Relationship: _____

Refund Policy

Fitness Coaching/Personal Training sessions are pre-paid and considered rendered services and will not be refundable unless under extreme circumstances. The fitness coaches will try to offer a make-up session if possible, but may not always be able to do so. If you cannot finish the sessions due to health issues, they are eligible for a refund (for unused sessions.) This refund is based upon the approval from Head Fitness Coach, Dave Reddy and Fitness Supervisor, Steve Clark.

Expiration Policy

All purchased sessions expire 6 months after the date of purchase.

Late, Absent and Cancellation Policy

I, _____, have read and agree to the W.G. Fitness & Wellness Group Cancellation Policy. This includes tardiness, absences, and cancellations not indicated 24 hours in advance. While my fitness coach will make every effort to reschedule sessions canceled 24 hours in advance, I am still responsible for the charges associated with a rescheduled or canceled session.

Commitment Statement

(This statement explains the obligations you are assuming by beginning an exercise program with your fitness coach. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.)

I, _____, have volunteered to participate in a fitness and wellness program under the direction of any Webster Groves Fitness Coach. In consideration of the Fitness Coach's agreement to instruct, consult, and coach me, I do realize that a portion of my success will be based on my commitment to follow this guidance along with my attitude towards the fitness program. Unfortunately my fitness coach cannot guarantee results, but my willingness to work hard will drastically improve the experience and outcome.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM AND FULLY UNDERSTAND THAT IT IS A CONTRACT OF PAYMENT FOR THE FITNESS COACHING SERVICES RENDERED AND SESSIONS SCHEDULED WHETHER OR NOT THEY ARE RENDERED DUE TO MY ACTIONS. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST ANY WEBSTER GROVES FITNESS COACH.

(Please Print Name)

(Participant's Signature)

(Date)

Webster Groves Fitness & Wellness Group Registration continued.

Assumption of Risk & Waiver of Liability

This Agreement must be completed in order to work with any *Webster Groves Fitness Coach*.

Participant (print full name): _____

Under 18 Participant : _____

Guardian/Parent of Under 18 Participant: _____

I, the undersigned, am either the Participant named above or the parent and/or legal guardian (“Guardian/Parent”) of the minor Participant named above. By signing this form, I acknowledge that:

1. Any program of physical activity and/or exercise involves a risk of injury.
2. I (and/or the under 18 Participant) have recently been examined by a medical doctor and have been cleared to undertake a program of exercise.
3. For and in consideration of personal training with *Webster Groves*, participant agrees that:
 - Any exercise program shall be undertaken by participant at his or her sole risk
 - *Webster Groves City* 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 this program
 - Participant hereby releases and discharges *the City of Webster Groves* from any such claims or actions

PARTICIPANT OR GUARDIAN OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGNS IT OF HIS OR HER OWN FREE WILL.

(Signature of Participant)

(Date)

____ I am signing this Agreement on behalf of a minor Participant (under 18). I acknowledge that I am the Guardian / Parent of the Participant and that I understand the terms of this Agreement.

(Signature of Legal Guardian of Participant)

(Date)

