

FITNESS HUB STUDIOS PERSONAL TRAINING AGREEMENT

Initial Agreements: All personal training clients are required to complete the following: Physical Activity Readiness Questionnaire (PAR Q), Medical History Review Form, as well as this Personal Training Agreement.

Assessments: All personal training clients are eligible for an initial consultation with one of our Fitness Concierges. This includes an assessment on our Seca Body Composition Analyzer (BCA) and Fit 3D Body Scanner; as well as follow up scans to mark continuing progress.

Fees: Personal training fees are available on the Fitness Hub Studio website, the Fitness Hub app, or by inquiring at the front desk. Fees are based on 30 and 60 minute sessions, as well as member and non-member rates. Fees are subject to change.

Appointment Confirmation: All clients will receive an email reminder confirming their Personal Training appointment 24 hours before their session. It is the responsibility of the client and trainer to communicate in an effective and timely manner in scheduling appointments.

Appointment Cancellation: Cancellations must be made 24 hours prior to the session, by calling Fitness Hub at (561) 408-0885, cancelling on the Fitness Hub app or contacting the trainer directly. Any cancellation within 24 hours is subject to full session fee.

Late or No Show: Please arrive on time for your session. After 15 minutes, the session will be considered cancelled and fees will be applied. All sessions will end at the pre-scheduled time.

Refund Policy: Session fees are non-refundable, but transferable. Training sessions or services must be purchased in advance.

Proper Attire: Proper fitness attire and footwear conducive to the exercise are required.

By signing this Personal Training Agreement, I acknowledge that I have read and understand the terms.

HEALTH HISTORY QUESTIONNAIRE

First Name: _____ Last Name: _____

Email: _____

Phone Number: _____ Type: Home Mobile

Address 1: _____

Address 2: _____

City: _____ State: _____ Postal Code: _____

EMERGENCY CONTACT

Name: _____ Relation: _____ Phone Number: _____

*** Regular physical activity is safe for most people. However, some individuals may need to check with their physician prior to beginning an exercise program. To determine if you should consult with a physician please answer the following questions.*

Please read the questions on the next page, and answer each one honestly with either a Yes or NO.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

If you are planning on beginning an exercise program, please start by answering the seven questions listed below. If you are between the ages of 15 to 69, the PAR-Q will tell you if you should check with a physician prior to beginning you exercise program. If you are over 69 please check with your physician prior to starting an exercise program.

Please read the following questions, and answer each one honestly with either a Yes or NO.

Yes No

1. Has a doctor ever told you that you have a heart condition and recommend only medically supervised activity?
2. Do you have chest pain brought on by physical activity?
3. Have you developed chest pain the past month?
4. Have you on one occasion or more lost consciousness or fallen over as a result of being dizzy?
5. Do you have a bone or joint problem that may be aggravated by the proposed physical activity?
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?

If you have answered "YES" to any of the above questions, please contact your physician prior to increasing your physical activity.

Name of Adult Participant and/or Parent or Legal Guardian of Minor:

First Name: _____ Last Name: _____ Birth Date: _____

State: _____ Address: _____ City: _____

Postal Code: _____ Email: _____ Phone: _____

Legal Signature of Adult Participant or Parent/Guardian if a minor participant(s)

Date and Time Signed: _____

System Time Stamp: _____