

Name: _____



Group Training Agreement

The Client:

- I agree to give 24 hours notice for cancellation of sessions. I understand that if 24 hours' notice is not given, the fee for that session is still chargeable.
- I understand that the Letchworth Fitness PAR-Q, AMC Training's Confidential Lifestyle Questionnaire, Doctors Approval (if applicable) and this Group Training Agreement must be completed and signed prior to the first session.
- I understand that payment must be made in advance of the session. Failure to make payment will rule you out of that day's session.
- I understand that the results achieved from Group Training are a combination of exercise, nutrition and my own personal genetics. Further I recognise that my genetic makeup is out of my Personal Trainer's control.
- I understand that the session will start promptly at the specified time and if I am late the full fee will still apply.
- I understand that rates for Group Training with AMC Training are subject to change and reviewed annually in November. Prepaid sessions that are unused at the time of a rate change will be honoured at the prepaid price.
- I understand that there are two different payment options for Group PT with AMC Training:
 - 1) Single Session - £15 per session
 - 2) Monthly Membership - £60 per month (4 or 5 sessions depending on month)
- I understand that exercise involves certain risks, including but not limited to; serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Additionally, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury.
- I understand that I have control of the workout and may terminate a particular exercise or workout at any time. Further to this I understand that it is my obligation to inform my trainer of any symptoms such as fatigue, shortness of breath or chest discomfort.
- I agree that the trainer can terminate a particular exercise or workout at any time if the trainer believes I am not in suitable condition for exercise.
- I understand that my Personal Trainer is not a doctor, physiotherapist or dietician and that the advice offered is optional and not a replacement for professional advice from experts within specialist fields.

The Trainer:

- I agree to give the Group 24 hours notice for cancellation of sessions. I understand that if 24 hours' notice is not given, an additional free session will be arranged.
- I understand that if I am not on time for a session, the time will be made up at the end of the session or a subsequent session.
- I agree to teach and guide the group regarding proper exercise techniques and nutritional practices to the best of my ability.
- I agree to keep my insurance and qualifications up to date.

The Client:

Name _____

Signature _____

Parent / Guardian's Signature (if client is under 16years old) _____

Date _____

The Trainer:

Name _____

Signature _____

Date _____