



UPPERLEVEL FITNESS

KWASI BOAITEY | OWNER/OPERATOR

UPPERLEVELPERSONALTRAINING@GMAIL.COM

PERSONAL TRAINING AGREEMENT FORM

NAME	AGE	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER		

UPPERLEVEL FITNESS IS IN AGREEMENT TO PROVIDE PERSONAL TRAINING SERVICES FOR _____

TRAINING TO BEGIN ON _____

RESCHEDULING, INTERRUPTION OF SERVICE AND CANCELLATION

RESCHEDULING OF ANY APPOINTMENT REQUIRES A 24 HOUR NOTICE TO AVOID CHARGES. INTERRUPTION OF SERVICE REQUIRES AN ***EMAIL NOTICE WITH CONFIRMATION OF RECEIPT, TEXT MESSAGE WITH CONFIRMATION OF RECEIPT, AND OR PHONE CALL WITH CONFIRMATION OF RECEIPT*** INTERRUPTION OF SERVICE REQUIRES A WRITTEN NOTICE TO UPPERLEVEL FITNESS INC. STATING REASON FOR INTERRUPTION AND ANTICIPATED START DATE. EXCEPT IN CASES OF EMERGENCY A 15-DAY NOTICE IS REQUIRED TO AVOID CHARGES FOR PRE-SCHEDULED APPOINTMENTS AND CANCELLATION OF SERVICE OF REQUIRES A 30 DAY NOTICE TO AVOID CHARGES FOR SESSIONS ALREADY SCHEDULED. IN A CASE OF DEATH OR PERMANENT DISABILITY WHEREIN THE PARTICIPANT CANNOT COMPLETE TRAINING PROGRAM, HE/SHE SHALL BE RECEIVED OF ANY OBLIGATION OF MAKING PAYMENTS OF SERVICES.

GUARANTEE OF SERVICES

SHOULD UPPERLEVEL FITNESS NOT APPEAR FOR A PRE-SCHEDULED APPOINTMENT WHICH HAS BEEN PRE-PAID, PARTICIPANT SHALL HAVE THE OPTION TO RESCHEDULE THE MISSED APPOINTMENT OR RECEIVE A FULL REFUND OF THE MISSED APPOINTMENT.

UPPERLEVEL FITNESS URGES ALL PARTICIPANTS TO OBTAIN A PHYSICAL EXAMINATION FROM THEIR PHYSICIAN PRIOR TO BEGINNING ANY EXERCISE PROGRAM. UNDER CERTAIN CIRCUMSTANCES UPPERLEVEL FITNESS MAY REQUIRE PHYSICIAN'S APPROVAL PRIOR TO BEGINNING EXERCISE PROGRAM. IN CONSIDERATION OF MY OWN PERSONAL FITNESS NEEDS, I HEREBY AGREE TO THIS PERSONAL TRAINING AGREEMENT WITH UPPERLEVEL FITNESS AND AGREE TO COMMIT THE TIME AND ENERGY NECESSARY TO ACCOMPLISH MY GOALS AS WRITTEN AND REVIEWED. I AGREE TO THE ABOVE CONDITIONS AND THAT ANY QUESTIONS OR CONCERNS HAVE BEEN ANSWERED TO MY SATISFACTION.

NAME	DATE
------	------
