



301 West Maple St.
Lititz, PA 17543
717.626.5096



PERSONAL TRAINING SESSION CONTRACT

Name: _____

Address: _____

Phone: _____/E-mail: _____

Certified Personal Trainer: _____

Session/Package Type: _____ Price: _____

Date Sessions Begin: _____

PAYMENTS WILL BE MADE PRIOR TO THE COMMENCEMENT OF MY TRAINING SESSIONS. PAYMENT MAY BE RECEIVED IN THE FORM OF CASH, CREDIT CARD OR CHECK. TRAINING PAYMENTS MAY BE DIVIDED INTO SMALLER TRANSACTIONS AS AGREED UPON WITH TRAINER.

I FULLY UNDERSTAND THAT THERE WILL BE NO REFUND FOR ANY REASON OTHER THAN THOSE DUE TO MEDICAL CONDITION. IF SUCH CONDITION EXISTS, I MUST BRING A SIGNED COPY FROM THE PHYSICIAN STATING THAT I AM NO LONGER CAPABLE OF EXERCISE. ONLY A PRO-RATED AMOUNT WILL BE RETURNED BASED UPON NUMBER OF SESSIONS REMAINING.

A MINIMUM OF 24 HOUR ADVANCED NOTICE IS REQUIRED FOR CANCELLATION OF A TRAINING SESSION. WITHOUT SUCH NOTICE I WILL BE CHARGED FULL RATE FOR MY SESSION.

I UNDERSTAND THAT I AM SIGNING AN AGREEMENT WITH THE Lititz recCenter PERSONAL TRAINER. IF MY CURRENT TRAINER IS UNABLE TO FULFILL HIS/HER COMMITMENT TO ME IN ANY FORM, I AGREE TO REMAIN IN THE TRAINING PROGRAM. I UNDERSTAND A QUALIFIED TRAINER WILL BE APPOINTED AND WILL CARRY OUT THE SESSIONS.

TRAINING SESSIONS MUST BE COMPLETED SIX (6) MONTHS FROM THE COMMENCEMENT OF THIS CONTRACT.

CLIENT _____ DATE _____

TRAINER _____ DATE _____

Session 1 Date Completed _____

Session 2 Date Completed _____

Session 3 Date Completed _____

Session 4 Date Completed _____

Session 5 Date Completed _____

Session 6 Date Completed _____

Session 7 Date Completed _____

Session 8 Date Completed _____

Session 9 Date Completed _____

Session 10 Date Completed _____

Session 11 Date Completed _____

Session 12 Date Completed _____