



Fitness Agreement

Name _____ Address _____

Cell Phone _____ Home Phone _____

Email _____ DOB ____/____/____

Emergency
Contact/Phone _____ Relationship _____

Individual Fitness Training Sessions. I would like a total of _____ sessions. Each session will be approximately _____ minutes long at a cost of \$_____ per session. My total individual training sessions will cost \$_____.

_____ I understand I have _____ months from the date of purchase in which to use my paid sessions or I otherwise forfeit those paid sessions.

Payment Options

Based on the options that I have selected above, my Total Amount Due to BioFit will be \$_____.

I understand BioFit will not be handling or utilizing insurance benefits.

One Time Payment in Full. Cash/Check/Credit Card

Scheduled **Payment Plan:** _____ Payment with Card on File _____ Post Date Checks

Card on File:

Dates of Payments:

Terms and Conditions. I agree to the following terms and conditions related to the Program(s) I have selected:

Authorization for Scheduled Payments. I am an account holder and/or I have actual authority to use the credit card or bank account with which my payments will be made under the Scheduled Payment Plan selected above. I authorize BioFit to process my payments upon the schedule set forth in the Dates of Payments without further notice to me. To withdraw this authorization, I agree that I will comply with the Contract Cancellation provision below.

Contract Cancellation and Refund Policy. Cancellation Within 3 Days or Before First Service. I may obtain a refund of any amount I have paid under this Agreement if I cancel it within three business days of the date I signed it or at any time before my first session is serviced, whichever is later. Cancellation After First Service. Once my first (after the 3-day window to cancel) has been serviced, I may cancel this Agreement at any time, but **all payments I have made to or that have been processed by BioFit are nonrefundable. BioFit will service the sessions for which I have paid on the schedule in effect at the time cancellation. To cancel this Agreement, I will deliver written notice to my trainer.**

Session Redemption and Cancellation. If I cannot attend a scheduled session, I will contact my BioFit trainer at least **24 hours** in advance of the session. Subject to the Contract Cancellation provision above, I will forfeit, and I agree to pay for, any sessions I fail to attend without such 24-hour advance notice and any sessions I do not complete by the Expiration date. BioFit reserves the right to reschedule or assign an alternative team member to service my session(s) at any time and without notice.

Assumption of Risk and Waiver of Liability. I agree and understand that the Program(s) which I have purchased with this Agreement involve the risk of injury, and elect to participate in the Program(s) voluntarily in spite of the risk. I assume the risk of all injuries, and waive all negligence claims, related in any way to the Program(s), including but not limited to conduct on the part of BioFit team members, or equipment failure, malfunction, or defects.

Agreement Continuance. Sessions will be purchased as needed per client. All such sessions shall be conducted pursuant to the terms of the Agreement unless otherwise agreed to by the BioFit and Client.

I have read this Agreement thoroughly, understand all of its terms, received a copy, and have knowingly and voluntarily signed it.

Client Signature

BioFit – Therapy Based Fitness, LLC

Today's Date