

COACH CORNER - CONTRACT

This Personal Trainer Contract has been signed on _____ between the fitness trainer IRFAN RANA and the client _____.

The client has to agree and sign the terms and conditions in order to start a Training program with the Fitness Trainer.

1. On signing you are agreeing that you are engaging the Fitness Trainer services for _____ sessions.
2. Each session will last for 1 hour (60 minutes) and each session will cost £ _____ depending on the package unless discussed and agreed between the parties for any changes in cost.
3. The Trainer will create an exercise program geared to the client's fitness level and experience in order to meet the client's objectives.
4. The Client agrees to read and sign the attached informed consent & assumption of Risk and Relief of liability form and PAR-Q Form (physical activity Readiness Questionnaire).
5. The client agrees to inform the Trainer of all conditions medical or otherwise, that may affect the client's ability to participate in Training sessions.
6. Training sessions: Training sessions may include, but are not limited to the following activities:
 - A. Testing of physical fitness,
 - B. Exercise,
 - C. Aerobics and Aerobic Conditioning,
 - D. Cardiovascular Training,
 - E. Weightlifting and Training,
 - F. Stretching.

Training & Payments:

The client is purchasing _____ Training sessions at a rate of £ _____ Training sessions. The client will pay for all of the Training sessions upon the execution of this contract at a discounted rate of £ _____ if applicable. All Training sessions must be used within 180 days of the Effective date of this contract. If the client wishes to purchase additional Training sessions, the parties will enter an amendment to this contract.

Cancellation Of Sessions:

The client shall provide Twenty-Four (24) hour notice of any necessary cancellation of a scheduled Training session. Failure to provide Twenty-Four (24) hours' notice shall result in the client being charged the full rate for the cancelled/missed Training session. The Trainer (MR IRFAN RANA) Will also provide the client Twenty-Four (24) hours' notice of any scheduled Training session that may need to be cancelled; however, there may be instances where this is not practicable, and such would not constitute breach of this contract depending on the circumstances.

Indemnity:

The client agrees to assure and hold the Trainer harmless for any injuries, illnesses, and the like experienced as the result of the client's Training sessions

Termination:

Either party may Terminate the contract upon 30 days prior written notice to the party. In the event of Termination by Either party, the Trainer shall refund the client all monies paid for any unused Training sessions.

Warranties:

While the Trainer fully believe exercise, specifically exercised personalised to the client, is beneficial representation or warranties that the client will lose weight, gain muscle mass, be able to engage in and specific physical or Athletic activities or will attain any other particular of specific results. The Trainer strongly encourages the client to follow a healthy diet in conjunction with personal Training and continuous exercise. By Signing below, the client Acknowledges having read and understood this contract and that the client is satisfied with the terms and conditions contained in this contract. The client should not sign this contract if there are any blank spaces. The client is entitled to a copy of the contract at the of signature.

Trainer Signature: _____

Name: IRFAN RANA

Date:

Client Signature: _____

Name:

Date:

INFORMED CONSENT AND ASSISTANT OF RISK RELEASE OF LIABILITY

This informed Consent and Assumption of Risk and Release of liability is entered _____ (the Effective date and is material to the personal Trainer Contract.

1. Client certifies that client is of adequate physical condition to participate in physical Exercise.
2. Client Certifies that client assume the risk of physical injury, whether minor, severe or otherwise.
3. Client certifies that client will disclose to the Trainer whenever suggested activities cause distress beyond client's threshold.
4. Client certifies that client will not hold the Trainer liable for any physical injury, whether minor, severe, or otherwise that result from Training sessions.
5. Client certifies that client assume all responsibility for client's participation in Training sessions.

CLIENT'S SIGNATURE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

FULL NAME

Please read the following questions carefully and check (X) next to the appropriate answers. Answer all questions honestly and to the best of your ability.

1. Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or

heart surgery) and / or that you should only do physical activity recommend by a doctor?

• Yes No

2. Do you feel pain in your chest when you do physical Activity?

• Yes No

3. In The past month, have you had chest pain when you were not doing physical activity?

• Yes No

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

• Yes No

5. Have You ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?

• Yes No

6. Do you have a diagnosed illness that could be made worse by physical activity?

• Yes No

7. Is your doctor currently prescribing medication for your blood pressure or heart condition?

• Yes No

8. Do you know of any other reason why should not do physical activity?

• Yes No

COACH CORNER

FITNESS PARTICIPATION AGREEMENT:

I have voluntarily chosen to participate in fitness program offered by fitness Trainer (MR IRFAN RANA) . I have answered the questions above to the best of my ability and affirm that my physical condition is good, and I have no known condition that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self -determine my exertion through good judgement and to discontinue any activity that exceeds my personal limitations. I understand that by Signing this agreement that I hereby waive and release the fitness Trainer and the company in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I attire I have read and understand this document and I wish to participate in fitness activities.

- BMI: _____
- MUSCLE: _____
- WEIGHT: _____
- AGE: _____

- FAT: _____
- HYDRATION: _____
- HEIGHT: _____
- GENDER: _____

CLIENT'S SIGNATURE: _____

