



PERSONAL TRAINING/WELLNESS – CLIENT AGREEMENT

- 1) **SERVICES.** This Agreement between Hybrid PT, LLC (the “Company”) and you (the “Client”), is for personal training/wellness services (the “Services”). The Company will design a program that is tailored for the Client’s needs based on the information the Client provides about the Client’s physical condition. This Agreement, along with the Release of Liability, make up the entirety of the relationship between the Client and the Company.
- 2) **NO LIABILITY.** During the Services, the Company will make every effort to assure the Client’s safety. By engaging the Company for the Services, the Client agrees to assume responsibility for any risks and waive any claims against the Company for damage. A more complete description of these risks and your waiver is described in the Release of Liability.
- 3) **BILLING AGREEMENT.** All personal training/wellness clients must pay prior to the time services are rendered. Bills are issued directly to the Client for single sessions or for packages of multiple sessions, and are due upon receipt before sessions begin.
- 4) **LENGTH OF SESSIONS AND APPOINTMENT TIMES.** Each training/wellness session is based on a 60-minute workout. To get the most out of our efforts, please be ready to exercise at the appointed time.
- 5) **CANCELLATION POLICY.** All sessions must be scheduled in advance by appointment. All clients must give 24-hour notice via telephone call to 201-429-3996 or email at jpark@hybridptnj.com when cancelling an appointment. Monday appointments must be cancelled by Friday at 5:00pm EST.
- 6) **EXPIRATION OF SESSIONS PURCHASED IN ADVANCE.** The package is a _____ session commitment where you will be expected to complete _____ sessions each week. Sessions do not roll over from week to week unless approved by the Company and will expire if they are not timely used.
- 7) **USE OF NUTRITIONAL SUPPLEMENTS.** To guarantee safety, we request that all clients do not use any potentially dangerous stimulants like “diet” or “fat burning” pills of any kind. If the Client is unsure about any supplements, please discuss with the Company.
- 8) **PERSONAL TRAINING AND WELLNESS.** The Company employs licensed physical therapists, however the Company is not providing physical therapy services to the Client. This Agreement is to solely provide personal training and wellness services, and nothing in this Agreement should be construed otherwise. The Services do not have a guaranteed therapeutic effect.

I HAVE READ THIS AGREEMENT AND ACCEPT THESE POLICIES.

Signature: _____ Date: _____

Print Name: _____

If this release is obtained from a patient under the age of 18, then the signature of the client’s parent or legal guardian is also required.

Parent/Guardian’s Signature: _____ Date: _____