



Client Consent and Training Policy

Name: _____ Phone (H) _____

Email: _____ Phone(Mobile) _____

EMERGENCY CONTACT (please print): _____ Tel: _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (decrease body fat in individuals needing to lose fat with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercise, group aerobic activity, swimming and other aerobic activities), calisthenic exercises, weight lifting to improve muscular strength and endurance, athletic strength and conditioning programs and flexibility exercises to improve joint range of motion.

DESCRIPTION OF POTENTIAL RISKS

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety or comfort, or physical condition if I engage or participate (other than those items fully discussed on the physical activity readiness questionnaire - PARQ). I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning. I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Training Policy

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a client of Rudolph Planter/PerformPeriod Inc. This includes every session scheduled between Rudolph Planter/PerformPeriod Inc. and myself.

- Client is required to PRE-PAY for all scheduled training sessions.
- 24 hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled individually).
- If the client, without this prior notice, misses a scheduled appointment Rudolph Planter/PerformPeriod Inc. will be compensated for the full amount of the training session. Initial Here _____
- If Rudolph Planter/a PerformPeriod Inc. trainer, without this prior notice, misses a scheduled appointment, then a free session will be issued to the client.
- All payments will be made with cash, check (payable to PerformPeriod Inc.) or major credit card and a receipt can be issued upon request. **Note there is a \$25.00 fee for all returned checks.**
- All pre-paid training sessions are non-refundable with the exception of medical complications. Initial Here _____
- I fully understand and agree to the terms listed above. Initial Here _____

Client Name (print): _____ Client Signature: _____ Date: _____

Parent Name (print): _____ Parent Signature: _____ Date: _____