

CLIENT AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of Mission Accomplished Personal Training and to use its facilities, equipment and machinery in addition to the payment of any fee of charge, I do hereby waive, release, and forever discharge Mission Accomplished Personal Training and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities. I do also hereby release all those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting in their behalf or in any way arising out of or connected with my participation in any activity of Mission Accomplished Personal Training or the use of any equipment with Mission Accomplished Personal Training. (Please initial _____)
2. I understand and am aware that strength, flexibility, and aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death. (Please initial _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial _____)
4. I do hereby agree to pay for my personal training sessions with Mission Accomplished Personal Training, in advance. I understand that these sessions are non-refundable and non-transferable, and must be used within a year of the date purchased. I understand the cancellation policy set up by Mission Accomplished Personal Training, that without a 24 hour notice of cancellation, the session is lost and will not be rescheduled nor refunded by Mission Accomplished Personal Training. I understand that sessions need to be made at least one week in advance and that my trainer's schedule may be such that my session may be changed with only short notice. I hereby take responsibility for paying for my sessions in advance and on time, and being present at all scheduled sessions or giving 24-hour notice for cancellation of a scheduled session. I understand that my money for personal training sessions with Mission Accomplished Personal Training will not be refunded and cannot be transferred to another person and must be used within one year of the date purchased. (Please initial _____)

5. I understand that I need to be ready to begin each training session at my scheduled appointment time. If I do arrive late, I understand the training session will not be extended. I also understand that Mission Accomplished Personal Training requests a 14 day advanced notice be given for any vacations or scheduled absences I may wish to take during the term of the training package contract. (Please initial _____)
6. **Participation Contract:** I understand and agree to the following:
- a. I will make my training sessions a priority in my life.
 - b. I understand I may be asked to perform additional exercises on my own.
 - c. I understand that I may be asked to make lifestyle changes in keeping with my commitment to lead a healthier lifestyle and reach my fitness goals.
 - d. I understand that ultimately I am responsible for obtaining my goals and that what I do outside of my personal training sessions can affect my overall health & fitness.
 - e. I agree that I am worth the effort it will require to lead a happy and healthy lifestyle.

Client Signature:

Date: