



Airport Health Club

PERSONAL TRAINING AGREEMENT

NAME _____ MEMBER NUMBER _____

FITNESS TRAINER _____ DATE _____

ITEM	MEMBER RATE	NON-MEMBER RATE*	EXPIRATION DATE	NUMBER OF SESSIONS	AMOUNT
SINGLE ½ HOUR PRIVATE SESSION (1-3 SESSIONS)	\$48.00	\$68.00	12 MONTHS		
4 ½ HOUR PRIVATE SESSIONS	\$186.00	\$266.00	12 MONTHS		
8 ½ HOUR PRIVATE SESSIONS	\$355.00	\$515.00	12 MONTHS		
12 ½ Hour Private Sessions	\$506.00	\$746.00	12 MONTHS		
20 ½ Hour Private Sessions	\$778.00	\$1178.00	12 MONTHS		
SINGLE PRIVATE SESSION (1-3 SESSIONS)	\$69.00	\$89.00	12 MONTHS		
4 PRIVATE SESSIONS	\$268.00	\$348.00	12 MONTHS		
8 PRIVATE SESSIONS	\$510.00	\$670.00	12 MONTHS		
12 PRIVATE SESSIONS	\$726.00	\$966.00	12 MONTHS		
20 PRIVATE SESSIONS	\$1125.00	\$1525.00	12 MONTHS		
SEMI-PRIVATE (2 PEOPLE)					
½ HOUR SEMI-PRIVATE SESSION	\$25.00/ PERSON	\$43.00/ PERSON	N/A		
1 HOUR SEMI-PRIVATE SESSION	\$35.00/ PERSON	\$53.00/ PERSON	N/A		
Packages can be purchased in any quantity. Same price/session.					
GROUP PERSONAL TRAINING (3-8 PEOPLE)					
1 HOUR GROUP TRAINING	\$25.00/ PERSON	\$43.00/ PERSON	N/A		
30-MINUTE GROUP TRAINING	\$14.00/ PERSON	\$32.00/ PERSON	N/A		
45-MINUTE GROUP TRAINING	\$20.00/ PERSON	\$38.00/ PERSON	N/A		

PAYMENT TYPE (PLEASE ATTACH RECEIPT)

CASH CHECK CHARGE DATE PAID _____

ONGOING (No charges will go on your account without your permission. Ticking Yes just means that you will not need to sign a contract each time training is purchased)

YES NO

CANCELLATION POLICY

PLEASE GIVE 24 HOURS NOTICE IF YOU HAVE TO CANCEL ANY SESSION, OTHERWISE YOU WILL BE CHARGED FOR THE SESSION. X _____ (INITIAL)

EXPIRATION DATE

YOUR SESSION AGREEMENT WILL EXPIRE IN _____ DAYS ON _____ (DATE)
X _____ (INITIAL)

HEALTH HISTORY COMPLETED

YES NO

MEDICAL CLEARANCE REQUIRED

YES NO

MEMBER WAIVER

PERSONAL TRAINING, BODYWORK & THERAPY WAIVER

All workouts, use of weights, use of machinery, and use of equipment and apparatus designed for exercising shall be at the participant’s sole risk regardless of whether he/she is under the supervision of a personal trainer or other employee at the time of any injury. The participant understands that the decision to use exercise equipment, or selection of exercise programs, methods and types of equipment, shall be solely the participant’s responsibility, and neither The Airport Club nor any of its employees or agents shall not be liable to participant for any claims, demands, damages or causes of actions due to injury to participant’s person or property arising out of or in connection with the use by participant of the services, facilities and/or premises of The Airport Club regardless of whether the injury or damages were caused by the negligence of The Airport Club, its employees or its agents. This waiver and release specifically applies to claims of negligent instruction and/or supervision that may arise as a result of injuries sustained during personal training programs. This waiver and release also includes any claims arising from participation in any A.R.T. Bodywork or manual therapy of any kind undertaken by the undersigned at The Airport Club even if the injury is caused by the negligence of The Airport Club or its employees.

It is expressly agreed that the use of all club facilities (including but not limited to tennis courts, swimming pools, outdoor areas, parking lots, locker rooms, etc.), without limitation and whether engaging in exercise activities or not, shall be undertaken by the undersigned at his/her sole risk. The Airport Club shall not be liable for any injuries or damages to any member arising out of the use of, or occurring on, The Airport Club’s premises regardless of whether it was caused by the negligence of The Airport Club, its employees or its agents.

The undersigned also expressly acknowledges that by signing below he or she is relinquishing all rights he or she may have to sue The Airport Club for injuries arising out of the use of the club’s facilities or its services. This release is intended to be interpreted as broadly as allowed under California law.

I HAVE READ AND UNDERSTAND THE ABOVE

CLIENT OR PARENT’S SIGNATURE _____ DATE _____

FITNESS TRAINER’S SIGNATURE _____ DATE _____