

Team Training Agreement

Team Name: _____ Coach/Facilitator: _____

Name: _____ Email: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

How did you learn about us? Internet Facebook Flyer Ad Brochure Friend Family Other _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Physician Name: _____ Phone: _____

Address: _____ City, State & Zip: _____

TERMS OF SERVICE PERSONAL TRAINING TRANSFORMATIONS, LLC (PTT) AND THE ABOVE-NAMED CLIENT AGREE TO THE FOLLOWING TERMS OF SERVICE:

MINIMUM NUMBER OF PARTICIPANTS: The minimum number of participants must be enrolled **SEVEN (7) days** prior to start of training. In the event the minimum number is not reached, PTT reserves the right to render this Agreement NULL and VOID, and all fees/monies received will be refunded to participant(s). At PTT's discretion, rates can be re-negotiated based on the current number of enrolled participants.

Arrangements have been made for a minimum of _____ participants.

RATES/PAYMENT INFO: Full payment is due upon signing of this Agreement. At PTT's discretion, an alternate payment schedule may be arranged upon the following conditions:

- A schedule of payments is outlined in this Agreement.
- The balance is paid in full prior to the completion of training.
- A secure method of payment, such as a valid credit or debit card, is provided to PTT to keep on file.
- The authorized cardholder of said card gives permission for PTT to automatically debit the amount due from the credit/debit card in the event there is a failure to make a payment at the scheduled time.

Arrangements have been made for a rate of \$ _____ per participant.

SCHEDULING & CANCELLATION POLICY:

- Sessions consist of sports performance training and conditioning in a team setting with a Certified Personal Trainer and are seventy-five (75) minutes long. A minimum of two (2) sessions per week is recommended.

- Sessions are held at PTT's Sports Performance Center unless indicated otherwise. Requests for change in location must be made with at least 24 hours' notice and may be subject to additional fees.
- Sessions must be cancelled with at least 24 hours' notice to **PTT at 215-788-1414**. Rescheduling a Team Training session at no charge is at the Trainer's discretion. Individual participants who are unable to attend a Team Training session will not be rescheduled.

Arrangements have been made for _____ session(s) per week with a start date of _____ for a total of _____ week(s). Sessions will be held on _____ at _____ am/pm
(Day(s) of week) (Time)
at PTT's Sports Performance Center or _____
(Specify Location)

RELEASE OF LIABILITY: This form is an important legal document. It explains the risks you are assuming by beginning an exercise program and/or physical activity. It is critical that you read and understand it completely. After you have done so, please print your name and information legibly and sign in the spaces provided below.
Waiver and Covenant Not to Sue I have volunteered to participate in a program of physical exercise training under the direction of Personal Training Transformations, LLC (PTT), which may include, but not be limited to, weight and/or resistance training, yoga, Zumba, Pilates, martial arts, speed and agility training, rock wall climbing, skateboarding, biking, kayaking, paddle boarding, and the use of a Trikke™. In consideration of PTT's agreement to instruct, assist, train, and have use of their equipment, I do here and forever release, discharge, and hereby hold harmless PTT and their respective agents, heirs, assigns, contractors, volunteers, and employees from any and all claims, demands, damages, rights of action or cause of action, present or future, arising out of or in connection with my participation in this or any exercise program and activity including any injuries resulting there from.
Assumption of Risk I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death. I understand that as a result of my participation in an exercise or physical activity program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. Prior to participation in any physical activity or exercise program, it is advised that a full examination be given by my physician.
Acknowledgment and Agreement In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this exercise program and/or activity. I understand that results are individual and may vary.

I have read and understand the Terms of Service and Release of Liability. I understand this involves surrendering valuable legal rights. I agree to be bound by all terms of this Agreement and Release of Liability.

Participant's Full Name: _____ Date of Birth: _____

Signature: _____ Date: _____

CONSENT AND RELEASE ON BEHALF OF MINOR - MUST BE COMPLETED FOR ALL PARTICIPANTS UNDER 18 YEARS OLD

I am the parent and/or legal guardian of the above-named minor. I give my consent to the participation in PTT's activities and exercise programs by the above-named minor. I have read and understand the Terms of Service and Release of Liability. I understand this involves surrendering valuable legal rights of the minor and me. I agree to be bound by all terms of this Agreement and Release of Liability.

Guardian's Printed Name: _____ Date: _____

Guardian's Signature: _____ Email: _____

For Internal Use Only:

ALTERNATE PAYMENT SCHEDULE: \$ _____ due on/every _____ and paid in full by _____.
(Amount of Payment) (i.e., every Friday, 1st of each month, etc.) (Specify Date)

A copy of a valid credit/debit card has been attached to Agreement Yes No

AMOUNT PAID TODAY: \$ _____ PAYMENT TYPE: CASH CREDIT/DEBIT CARD CHECK # _____

A COPY HAS BEEN OFFERED AND ACCEPTED DECLINED PTT STAFF INITIALS: _____ DATE: _____