Agreement for Personal Training Services www.viphealthcoach.com

I. Client contact information:

First name:	Last name:		Birthrate:	
Street address:				
City:	State:_		Zip:	
Phone (mobile):	Phone	(home):		
Emergency contact	Phone	num:	Relationship:	
II. Terms:				
1.Today's date:	on:	and end on:		
3. This agreement is for Henry Weber (trainer) to provide personal training services for:				
_	• • • • • • •	per " for		
	3 sessions per week, for 4 weeks			
III. Payment:				
All payments for services Total payment due during Payment of \$	the term of this agreemer	nt \$	is less than total payment required).	
4.Payment of \$	Shall be due	(іі раутпетіі тесеілей і	s less triari total payment required).	
IV. Rescheduling, Interruption of Service, Cancellation:				
B. Interruption of service requires a circumstances of emergencies, a m C. Cancellation of services requires D. If by any reason of death or pernobligation of making payment other E. If the client is not on time for a s	written request to Henry Weber s ninimum 15-day notice is required s 30-day notice to avoid charges f manent disability, the participant is than for services performed prior cheduled session, it (session) ma	unable to complete training prograr	appointments. n, he/she shall be relieved of the	
V. Renewal of agreement:				
A. Participant shall have the option to renew agreement under similar or new terms within 30 days of termination of agreement. Costs for services will remain in effect for duration of agreement.				
VI. Guarantee of serv	vices:			
Should Henry Weber (trainer) not a appointment or receive a full refund		id session, participant shall have the	e option to reschedule the missed	
		from their physician prior to beginnir val prior to beginning a training prog		
I hereby acknowledge that I have re Any questions that I had concerning	=			
Client Signature	Date	Trainer Signature	Date	
		Henry Weber		

Printed Client Name