

CLIENT AGREEMENT

Payment Options

- Accepted forms of payment: cash, checks, and credit cards.
- Returned checks will be charged a \$35.00 returned check fee.

Cancellation Policy

- Rescheduling: 48 hours notice is required.
- Cancellation: If less than 48 hours notice is provided, your session will be considered canceled and you will forfeit that session. No refunds will be provided.
- Group sessions cannot be rescheduled. If you have purchased a group session package and cannot make the predetermined date, you will forfeit this session and the remaining group members will meet.

Client Agreement

By signing this Client Agreement, you understand that Shay de Silva and Fast Fitness to Go assume no responsibility for your personal health. You acknowledge that you have disclosed all information regarding your health to your trainer.

Please initial below:

___ I am aware that Shay de Silva is not a medical doctor and not qualified to determine a participant's physical capability to engage in strenuous exercise.

___ I am aware that Shay de Silva is not a registered/licensed dietician.

___ I have specified my package of choice and preferred weekly training days/times or I have specified that I will schedule individual sessions at the specified rate.

___ I declare that I have read and agree with the Fast Fitness to Go registration information and policies regarding payment and cancellations.

___ I assume any and all risks of injury associated with or in any manner related to my training sessions or use of fitness videos.

___ I agree to not share any Fast Fitness to Go videos with other individuals or groups.

___ I agree to not hold Fast Fitness to Go or Shay de Silva liable for any injuries regardless of the cause.

I have read, initialed, and signed this Client Agreement with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this Client Agreement.

Signature: _____

Print Name: _____ Date: _____

Birthdate: _____ Contact Email: _____

Phone Number: _____

Address: _____

City / State / Zip: _____

Emergency Contact Person: _____

Relationship: _____ Phone: _____

Height: _____ Weight: _____