

Start Date: _____

End Date: _____

ALLOY TRAINING AGREEMENT

CBRC Health & Wellness Clinic recommends that participants obtain a physician's examination prior to starting an exercise program.

POLICIES AND RULES:

1. Living Stronger, Foundations, Afterburn & Industrial Strength (Team Training) is unlimited.
2. Cancellation of Small Group (SGPT) sessions 24-hours in advance or more will be at no charge.
3. Cancellation of Small Group (SGPT) sessions 12 hours or less or a no-show will result in the session being forfeited.
4. A session begins at the agreed upon start time and last approximately 50-60 minutes.
5. The member's signature is required at the beginning of each training session. The trainer will provide the sign-in sheet.
6. The training is charged to the account monthly and represents a 30-day period.
7. All sessions will expire at the end of each month.

I agree that for the services of the Alloy Training Program, I promise to pay \$_____ per month plus tax upon signing this agreement which entitles me to:

3 Month Options

- _____ 3 Month Unlimited Team Training **(\$64/per month)**
- _____ 3 Month Unlimited Small Group Training **(\$180/per month)** *Includes Unlimited Team Training*
- _____ 3 Month 2 x week Small Group Training **(\$125/per month)** *Includes Unlimited Team Training.*
- _____ 3 Month 1 x week Small Group Training **(\$89/per month)** *Includes Unlimited Team Training.*

6 Month Options

- _____ 6 Month Unlimited Team Training **(\$59/per month and 50% off MYZONE belt)**
- _____ 6 Month Unlimited Small Group Training **(\$169/per month and 50% off MYZONE belt)**
Includes Unlimited Team Training.
- _____ 6 Month 2 x week Small Group Training **(\$115/per month and 50% off MYZONE belt)**
Includes Unlimited Team Training.
- _____ 6 Month 1 x week Small Group Training **(\$80/per month and 50% off MYZONE belt)**
Includes Unlimited Team Training.

12 Month Options

- _____ 12 Month Unlimited Team Training **(\$54/per month and includes a FREE MYZONE belt)**
- _____ 12 Month Unlimited Small Group Training **(\$150/per month and includes a FREE MYZONE belt)**
Includes Unlimited Team Training.
- _____ 12 Month 2 x week Small Group Training **(\$104/per month and includes a FREE MYZONE belt)**
Includes Unlimited Team Training.
- _____ 12 Month 1 x week Small Group Training **(\$74/per month and includes a FREE MYZONE belt)**
Includes Unlimited Team Training.

12 Month Agreement will continue month to month after initial 12-month term; 30 day cancellation required.

Start Date: _____

End Date: _____

I understand that there are no cancellations or refunds and that the sessions are not transferable (initial to confirm agreement) _____. I UNDERSTAND THAT I MAY CANCEL THIS CONTRACT WITHOUT PENALTY OR OBLIGATION WITHIN THREE (3) BUSINESS DAYS FROM THE DATE OF SIGNING BY GIVING NOTICE BY MAIL OR IN PERSON AT CBRC HEALTH & WELLNESS CLINIC IN WHICH CASE I WILL BE ENTITLED TO A FULL REFUND.

ASSUMPTION OF RISK: I, _____, assume any responsibility of and/all personal injury/damage which may be attributed to a program of physical exercise. I accept responsibility for requesting exercise assistance at CBRC Health & Wellness Clinic. To my knowledge, I do not have any limiting physical condition or disability which would interfere with an exercise program. I have been informed of the need for a physician's approval before participating in any exercise program. I am aware of the effect that taking any drugs or medications; including, but not limited to, alcohol, diet pills, cold medicine, tranquilizers, antidepressants, caffeine, beta blockers, diuretics, and anti-hypertensives, may have on exercise, especially heart rate, and I have discussed this with my doctor.

Clients Name _____ Membership # _____

Clients Email _____

Clients Signature _____ DATE _____

Parent/Guardian Signature _____ DATE _____

Received By _____ DATE _____

