

Adapt-Ability and Ian Stock contract/ agreement

Congratulations on your decision to participate in the Adapt program! With the help of your coach, you will greatly improve your ability to accomplish your training goals faster, safer and with maximum benefits. The details of these training sessions can be used at any time, by request.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, exercise and healthy eating are EQUALLY important! During your exercise program, every effort will be made to assure your safety. However, as with any exercise program there are risks, including increased heart stress and the chance musculoskeletal injuries. In personal damage, you also agree that, to your knowledge, you have no limiting physical conditions or disability that would PRELUDE an exercise program.

By signing below, you accept full responsibility for your own health and well being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

It is recommended that all program participants work with their coach more than 5 times per month. However, due to scheduling conflicts and financial considerations, a combination of unsupervised and supervised workouts is possible.

Terms and Conditions.

1. All sessions that are not rescheduled or cancelled 24 hours in advance will result in forfeiture of the session and loss of financial investment at the rate of one session.
2. Clients arriving late will receive the remaining scheduled a session time, unless other arrangements have been previously made with the trainer.
3. The expiration policy requires completion of all training sessions within 60 days from the date of the contract. All sessions are void after this time period.
4. No session refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

Description of program:

Total investment: _____

Method of payment: _____

WE WISH YOU THE BEST OF LUCK ON YOUR NEW PROGRAM!!

Participants name (please print)

Participant's signature

Parent/guardians signature (if needed)

Witness signature

Date: _____

Date: _____

Date: _____