



SuperShape/SoftShape/Personal Training/FitGuy Client Commitment Form

(Please Print Neatly and Complete or Initial Applicable Blanks)

Client Name _____ E-Mail _____

Mailing address _____ Phone _____

Please indicate your program and pricing. Women's Fitness Classes (aka Aerobics Club) \$32 _____

SuperShape \$125 _____ for 3 x wk/4 wk program; continuing students discount with ideal weight or 4lb loss = \$112.50 _____

FitGuy \$125 _____ for 3 x wk/4 wk program; continuing students discount with 1% bodyfat loss or 4lb loss = \$112.50 _____

SoftShape \$99 _____ for 2 x wk/4 wk program, includes all Women's Fitness Classes free of charge.

One-on-one Personal Training NEW Clients 1/2 hr PT \$30 _____ 1 hr PT \$55 _____

Special for Continuing Client Personal Training PT sessions are discounted with ideal weight or 4lb loss, or 1% body fat loss. 1/2 hr PT \$25 _____ 1 hr PT \$45 _____ **RoadMap to Fitness \$70 _____**

I have made a commitment to my health and fitness for the month of _____ and I will meet with my trainer in the program noted above on the following days/times _____

I have chosen and paid for the above program(s) with cash \$ _____ or check # _____ in the amount of \$ _____

GOALS

DOB _____ Age _____ Height _____ Weight _____ Long-term weight goal _____ Short-term weight goal _____

In order to meet my short-term goal I intend to (be specific) _____

Personal Training/SuperShape Cancellation Policy Both you and your trainer are investing time and money in your health. When you make a commitment to the training schedule noted above you take a slot that would have been available to another client desiring training. Therefore, **Personal Training** appointments require 24-hour cancellation otherwise the make-up session involves working out *with* the trainer. Make-up sessions must be used in the month they were purchased and cannot be carried over to the following month. _____. Because ShapeTraining sessions are held every day, even though the client pays for only 3 per week, we encourage you to come to another session if you miss your regular training time _____.

INFORMED CONSENT & WAIVER OF LIABILITY:

I understand and am aware that fitness activities including, but not limited to, weightlifting, cardio, dance exercise, flexibility, Karate, dance, boxing, kickboxing and aerobic exercise including the use of equipment are potentially hazardous and involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved and I expressly agree to assume and accept any and all of these risks. I do hereby declare myself to be physically sound and suffering from no illness, impairment, disease, disability, or other condition that would prevent or limit my participation in an exercise program or the use of exercise equipment. I acknowledge that I have either had a physical examination or been given my physician's permission to participate _____ or that I have decided to participate in physical activity and use of exercise equipment without the approval of my physician _____ and do hereby assume all risks and responsibility for my participation. In consideration of being allowed to participate in the activities and programs of AlamoShape, The Aerobics Club, FitGuy, SoftShape, SuperShape, ShapeTraining, and the RoadMap to Fitness, (collectively www.alamoshape.com) and to use the associated facilities and equipment, I do hereby waive, release, and forever discharge www.alamoshape.com and its board of directors, instructors, any present and future owners, employees, contractors, administrators, agents, representatives, and all others from any and all claims, suits, damages, demands, or actions, including those caused by passive or active negligence by any of those mentioned or others acting on their behalf, arising from or connected with my participation, or those of my children who may attend with me, in any services, activities, or exercise programs of www.alamoshape.com or from the use of any of its facilities or equipment. _____ **I acknowledge that time for a warm-up, cool down, and stretching exercises are not always included in my training program and that it is recommended that I do all of these activities within the pre or post time frame of my scheduled session.** _____ **I also acknowledge that I am ultimately responsible for the amount of weight, speed of cardio, or range of motion I choose to use during my physical activity as scheduled and that I am to inform the trainer if I do not feel capable of doing the prescribed exercise and will refrain from proceeding with it _____.** I am to check that the amount of weight on the equipment is appropriate for me before beginning the exercise _____. Though you *will* challenge your muscles, pain is *not* part of our program...exercise wisely.

Printed Name: _____ Signed _____ Date _____