



## Group Training Package Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Female  Male Date of Birth (M/D/YR): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Emergency Contact PH#: \_\_\_\_\_

Do you have any medical conditions or special requirements that we need to know about, if so, please list them: \_\_\_\_\_

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# Personal Training Contract/Agreement

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, both exercise and healthy eating are important. It is unlikely for exercise to compensate for a poor diet.

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 of musculoskeletal injuries. In choosing to participate in this program, you agree to assume responsibility for these risks and waive any possibility for personal injury. You also agree that you have no limiting physical conditions or disability that would preclude your participation in an exercise program.

A physician's examination is recommended for all participants. Personal training participants who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance, which is evidenced by your signature below. 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. You also agree to release and hold harmless ERW Personal Training, L.L.C. and ERW Physical Therapy, L.L.C. as well as their agents and assignees from any and all injury or damages which may occur as a result of your participation in this program.

## **Personal Training Terms and Conditions**

1. In order to be considered an "early cancellation", our staff must be notified at least 24 hours prior to the scheduled appointment time.
2. "Early cancellations" for members of group training sessions will require a price adjustment based on the applicable rate for the number of clients present for that session.
3. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.

\_\_\_\_\_  
Participant's name (please print clearly)

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Parent/guardian's signature (if needed)

# 12 Week Group Training Package Agreement

All sessions must be completed no more than 16 weeks from start date.

Expiration Date: \_\_\_\_\_

Group training sessions will only be allowed to be used in a group training session. If you are the sole trainee of a session the session will become a personal training session and an additional charge of \$10 will be added to your session.

If a training session is not canceled with 24-hour advance notice, the session is considered attended. Any requests for reconsideration of this rule must be in writing for review by Management.

ERW Personal Training will provide you with a free gym membership and 24 hour access to the facility. All gym membership rules must be followed. Your membership will expire on the date that your training sessions expire.

## **AUTOMATIC CREDIT CARD PAYMENT**

I authorize ERW Personal Training to automatically charge the credit card listed below for services rendered. This authorization is to remain in effect for the entire length of the contract. The contract can only be canceled after the 3 month commitment has been fulfilled.

**Training Package/Rate:**  2x/week 30 min \$200.00 per month  3x/week 30 min \$300 per month  
 2x/week 60 min \$320 per month  3x/week 60 min \$480 per month  
 other : \_\_\_\_\_

The agreed amount of \$\_\_\_\_\_.\_\_\_\_\_ will be charged to my account listed below every month until the balance of \$\_\_\_\_\_.\_\_\_\_\_ is paid in full.

\_\_\_ I authorize the renewal of this contract/training package by my verbal authority until written termination is given. I, \_\_\_\_\_, understand that each contract renewal will follow the same as the previous contract.

\_\_\_\_\_

Date: \_\_\_\_\_

Participant's name (please print clearly)

\_\_\_\_\_

\_\_\_\_\_

Participant's signature

Parent/guardian's signature (if needed)

# **ERW Personal Training Membership Agreement**

Suspension or termination of the clients ERW Personal Training privileges may occur under the following conditions:

- 1) Violation of the ERW Personal Training conduct guidelines.
- 2) At the discretion of the ERW Personal Training administrative staff.

## **FAMILY GYM MEMBERSHIP PRICING**

To qualify for any family category, members must reside at the same address and pay monthly dues from one credit card. Payment of membership dues must be made by automatic monthly credit card payments.

- One additional family member is \$20 per month
- Each additional family member is \$15 per month

Electronic membership passes require a refundable \$10.00 deposit. These passes remain the property of ERW Personal Training and must be returned upon request. All other fees paid for membership including joining fees are non-refundable.

## **CONDUCT GUIDELINES**

ERW strives to promote health and wellness in a safe and pleasant environment for all staff and clients. While every scenario is not covered in the following conduct guidelines, all clients are expected to conduct themselves in a manner which is conducive to the safety and respect of others.

The following actions/behaviors are strictly prohibited and may result in termination of membership privileges:

- Harassment or intimidation verbally or by physical actions, body language, or any type of inappropriate behavior
- Physical contact with another person in a non-consensual, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, demeaning comments or raising your voice at another individual
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Closed toe shoes must be worn in the fitness area
- Possession of a weapon of any type
- Possession, use or being under the influence of alcohol or illegal chemicals while on Evans Rehabilitation & Wellness premises.
- Smoking while on ERW Personal Training premises
- Inappropriate use of cell phones in the fitness area
- Use of any video/picture taking equipment, including camera phones, in the fitness center area
- Theft or destruction of property
- Solicitation or loitering on ERW Personal Training property
- Children under the age of 14 are not permitted in the gym. Children 14-15 years old must be accompanied by a parent or guardian at all times
- You must be 18 or older to obtain a single membership
- Non-member guests/family members are not allowed to wait on you in the facility during your workout without written authorization by ERW Personal Training Administrative staff.
- No food or drink is allowed in the facility with the exception of water and sports drinks in a closed, unbreakable, spill proof container.
- Allowing a non-member to accompany you in the work out area may result in loss of your membership privileges.

Please be aware that our gym/clinic staff may at times provide unsolicited suggestions on modifying your exercise form and or parameters.

Automated billing of monthly dues will not be halted for any reason other than medically related issues that prohibit participation in exercise. Any such medical issue requires a letter from your physician expressing such limitations.

ERW Personal Training reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Clients, members and guests are encouraged to take the initiative for their own comfort and safety by respectfully communicating with any person whose behavior threatens their comfort to cease such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to an ERW Personal Training employee.

Insurance regulations required that the 24 hour fitness facility be monitored by video surveillance cameras. By submitting this application, I agree that ERW Personal Training may photograph or videotape me, and may use those photographs or video footage for business related purposes. I release, indemnify and hold harmless ERW Personal Training and its employees from any claim or liability related to that use, and waive all claims for myself, my heirs, successors and assigns against ERW Personal Training and all of its employees.

**I acknowledge the membership agreement set forth above and agree to comply with the ERW Personal Training conduct guidelines and hereby apply for membership.** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAR-Q and You

Regular physical activity is fun and healthy, and more people are becoming more active every day. Being more active is very safe for most people. However, some people should check with their doctor before becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15-69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

**Circle YES or NO.**

- Yes / No            Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes / No            Do you feel pain in your chest when you do physical activity?
- Yes / No            In the past month, have you had chest pain when you were not doing physical activity?
- Yes / No            Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes / No            Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes / No            Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes / No            Do you know of any other reason why you should not do physical activity?

**If you answered YES to one or more questions**, talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**If you answered NO honestly to all questions**, you can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest & easiest way to go.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

**Even if you answer NO to all questions**, you should delay becoming much more active:

- If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume liability for persons who undertake physical activity. If in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

or Guardian (for participants under the age of majority)

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

# Waiver & Release Form

You have agreed to purchase a membership at a facility that allows you to access at any time. As such, you are aware that there will be times where no supervision or assistance is available. You are also aware that if you are injured, become unconscious, suffer a stroke or heart attack, that there will potentially be no one to respond to your emergency and this facility has no duty to provide assistance to you. Even though this facility is equipped with surveillance cameras, it is likely that should require immediate assistance, none will be provided. We HIGHLY recommend that you have a workout partner accompany you while at the club, but it is entirely up to you. **Initial** \_\_\_\_\_

Because physical exercise can be strenuous and subject to risk of serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, or participant) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely **at your own risk**. Any recommendations for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in the use of this facility and **assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property. **Initial** \_\_\_\_\_

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a **release of liability**. You expressly agree to release and discharge the club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for negligence, personal injury or property damage. **Initial** \_\_\_\_\_

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then only that wording is removed and the remainder of this agreement will remain in full force and effect.

**Signed:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Credit/Debit Card Agreement

I have given my authority to the below named bank/credit card company to honor preauthorized EFT/Charge drawn by Evans Rehabilitation & Wellness, LLC on my account for the membership payments as indicated below. It is understood that the transmission of a preauthorized draft to the bank as payment becomes due shall constitute valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, then it is understood that the payment will be collected electronically as well as a \$30.00 NSF service fee.

Credit Card Type:     Visa    MasterCard    Discover

**Mailing address affiliated with credit card**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit security code (back of card): \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_