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GUARANTEED FITNESS AND BODYWORKS
AGREEMENT OF SERVICES

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

WOULD YOU LIKE TO BE CONTACTED FOR PROMOTIONS _____ FACEBOOK _____

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP TO YOU: _____

VISITS PURCHASED: _____ PRICE: _____ DATE PURCHASED: _____

PLEASE READ THE FOLLOWING SECTION CAREFULLY. THE INFORMATION BELOW CONTAINS THE TERMS AND CONDITIONS OF THE PERSONAL TRAINING AGREEMENT BETWEEN YOURSELF AND GUARANTEED FITNESS, THE WAIVER AND INFORMED CONSENT THAT YOU MUST SIGN BEFORE PARTICIPATING IN AN EXERCISE PROGRAM WITH A TRAINER AND IT ALSO ACTS AS AN INVOICE/RECEIPT OF PAYMENT FOR THE SERVICES PRURCHASED.

WAIVER / INFORMED CONSENT

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE NEED TO OBTAIN A PHYSICIAN'S EXAMINATION AND APPROVAL PRIOR TO BEGINNING THIS EXERCISE PROGRAM. I FULLY UNDERSTAND THAT THE PROGRAM BAY BE STRENUOUS AND CHOOSE TO PARTICIPATE COMPLETELY VOLUNTARILY. I ACCEPT ALL RESPONSIBILITY FOR MY HEALTH AND ANY RESULTANT INJURY OR MISHAP THAT MAY AFFECT MY WELL BEING OR HEALTH IN ANY WAY. I HOLD HARMLESS OF ANY RESPONSIBILITY GUARANTEED FITNESS, MICHELLE BAKER, EMPLOYEES OF GUARANTEED FITNESS, THE DESIGNATED FACILITY, OUTDOOR LOCATION, AS WELL AS WELL AS ANY PERSONS INVOLVED WITH THIS PROGRAM AND TESTING PROCEDURES

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE VOLUNTARILY CHOSEN TO PARTICIPATE IN A PROGRAM OF PROGRESSIVE PHYSICAL EXERCISE, WHICH CAN ENHANCE THE MUSCULOSKELETAL AND CARDIORESPIRATORY SYSTEMS. IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE BEING INFORMED OF THE PHYSIOLOGICAL RESULTS INCLUDING, BUT NOT LIMITED TO, ABNORMAL BLOOD PRESSURE, FAINTING, HEART ATTACK OR DEATH. BY SIGNING THIS DOCUMENT, I ASSUME ALL RISK FOR MY HEALTH AND WELL BEING AND HOLD HARMLESS OF ANY RESPONSIBILITY, GUARANTEED FITNESS, MICHELLE BAKER, EMPLOYEES OF GUARANTEED FITNESS, THE DESIGNATED FACILITY, OUTDOOR LOCATION, AS WELL AS ANY PERSONS INVOLVED WITH THIS PROGRAM AND TESTING PROCEDURES. I UNDERSTAND THAT QUESTIONS ABOUT EXERCISE PROCEDURES AND RECOMMENDATIONS ARE ENCOURAGED AND WELCOMED.

TERMS AND CONDITIONS OF AGREEMENT

PLEASE READ CAREFULLY

*PAYMENT IS DUE BEFORE THE COMENCEMENT OF SESSIONS

*SESSIONS PURCHASED ARE NON-REFUNDABLE, UNDER NO CIRCUMSTANCES. UNUSED SESSIONS ARE VOID AFTER ONE YEAR.

*THERE WILL BE A \$25.00 SERVICE FEE FOR ANY RETURNED CHECK. IMMEDIATE PAYMENT WILL BE DUE THEREAFTER OR ELSE TRAINING WILL BE TERMINATED.

*SESSIONS WILL BE BASED ON A ONE-HOUR SCHEDULE. IF YOU ARE LATE FOR YOUR APPOINTMENT, THE SESSION WILL END AT THE SCHEDULED TIME.

***GUARANTEED FITNESS AND BODYWORKS AND/OR MICHELLE BAKER MUST BE NOTIFIED OF CANCELLATION NO LESS THAN 12 HOURS PRIOR TO APPOINTMENT. FAILURE TO DO SO WILL RESULT IN THE SESSION BEING DEDUCTED FROM THE PAID SESSION PACKAGE ACCOUNT.**

CLIENT NAME (PRINTED): _____

CLIENT SIGNATURE: _____ DATE: _____

PAYMENT RECEIVED: CASH: _____ CHECK: _____ DATE: _____

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