



Adult Fitness Program Service Agreement

I. Contact Information (Please Print)

Last Name _____ First Name _____
Date of Birth _____ Age _____
Cell Phone () _____ Home Phone () _____
Mailing Address _____
Street _____ Apt # _____
City _____ State _____ Zip _____
Emergency Contact _____ () _____
Name Relation Phone

II. Personal Fitness Commitment

In consideration of my own, personal fitness needs, I, _____, hereby agree to enter into a personal/group training agreement with HealthWest Therapy and agree to commit the time and energy necessary to accomplish my goals.

III. Terms

1. Today's date: _____
2. This agreement will begin on _____ and end _____.
3. This agreement is for HealthWest Therapy to provide training services for _____, at 2 sessions per week.

IV. Rescheduling, Interruption of Service, and Cancellation

- A. Rescheduling your class: In advance of missing your class, please notify Gwen Alden and she will help you to find another class that you can attend in lieu of your scheduled time slot.
- B. Rescheduling your individual session: If you need to cancel your session, please give your coach/trainer at least a 24 hour notice, otherwise, we will charge you the cost of that session.
- C. All classes/individual sessions need to be made up by the aforementioned 'end date' as noted above. There will be no make ups after that date.
- D. Interruption of services requires a written request to HealthWest Therapy stating reason for interruption and anticipated continuation; except in circumstances of emergencies, then just notify Gwen Alden as soon as possible.
- E. In the event that you are injured and can continue your group class with 'adapted exercises' we will always encourage you to do that in order to continue progressing toward your goals. Gwen Alden will help you and the trainer/coach with this.

V. Renewal of Agreement

Once this agreement has ceased, there will be other classes/sessions/programs that you may participate in; you will fill out a new agreement for each class/session/program. Costs for services will remain in effect for duration of each agreement.

I hereby acknowledge that I have reviewed and agree to the above conditions. Any questions that I had concerning these conditions have been answered to my satisfaction.

Participant Name (print)

Participant Signature

Date

Medical Release and Waiver

HealthWest Therapy urges all participants to obtain a physical examination from their physician prior to beginning any exercise program. Under certain circumstances, HealthWest Therapy may require a physician's approval prior to beginning a training program.

Health History

1. Do you have any physical condition that might be affected by participating in any of our fitness programs? Yes ☐ No ☐

If yes, please describe: _____

2. Are you under a doctor's care at this time? Yes ☐ No ☐

Doctor's Name: _____ Phone Number: _____

3. Have you been treated for any medical condition(s) in the last six months? Yes ☐ No ☐

If yes, please describe: _____

4. Do you have any history of any heart condition, chest pain, or dizziness? Yes ☐ No ☐

If yes, please describe: _____

5. Are you taking any medications at this time? Yes ☐ No ☐

If yes, please list what they are for: _____

6. Are there any reasons why you should not participate in vigorous exercise? Yes ☐ No ☐

If yes, please describe: _____

I represent that I have either (a) been given my physician's permission to participate in fitness activities, or (b) decided to voluntarily participate in the any of the fitness programs and have accepted voluntarily all risks related to the event without the approval of my physician. I represent that I am not aware of any medical or physical condition that would prevent me from participating in this event or from using equipment or facilities that would involve a serious health risk to me. **I have informed and agree to keep informed fully, my 'Trainers/Coaches', and Gwendolyn Alden, administrator for all fitness programs offered by HealthWest Therapy, of any physical condition or disability that would prevent or jeopardize my participation in the programs or the use of equipment and facility.** _____ Parent/Guardian Initials

I have been advised and understand that participation in the programs and use of the equipment and facility presents some unavoidable risk of injury, especially to people who have preexisting conditions, illness or medical disabilities. I recognize that participation may cause short-term aggravation of some symptoms, feelings of tiredness, lightheadedness, increased energy, mood changes and other effects. **I understand that I should stop exercising immediately if I detect any pain, dizziness, or discomfort during the class/program.** _____ Parent/Guardian Initials

In consideration of being allowed to participate in the program or use the facilities and equipment, I (on behalf of my family, estate, heirs or assigns) hereby waive, release, forever discharge and agree not to sue 'Trainers/Coaches' (various trainers/coaches) or Administrator, Gwendolyn Alden and aforementioned HealthWest Therapy, or 'Training Facility', SoCal Athletics, their directors, shareholders, employees, instructors, contractors and members from any and all claims, demands, damages, and causes of action, present or future, whether known or unknown, arising from my participation in this event or the use of the equipment or facilities. I affirm that I am of legal age or am a parent or adult guardian representing a minor and freely signing this agreement. _____ Parent/Guardian Initials

In connection with my enrollment in this event and/or the use of the equipment and facilities where I will participate in the personal training or group classes, I have read this document and understand it is a release of all medical claims and liability. I voluntarily sign my name evidencing my acceptance of these provisions.

Participant Name (print)

Participant Signature

Date

Adult Fitness Agreement

SoCal Volleyball Club | San Diego

Name _____

Fitness Level _____

Email _____

Phone Number _____

Best Time(s) and Day(s) for you _____

Whether you are a beginner or have some experience in small group fitness classes, we will challenge your strength, flexibility, coordination and stability with weights, bands, TRX, and endurance activities in a comprehensive HIIT type of workout. This class is for all levels of Adults. Email Gwen for class days/times and details: galden@socalvbc.com.

Adult Fitness Package 1

- 4 Session Package for 1-on-1 for Beginners: \$160 - expires 60 days from purchase.

Adult Fitness Package 2

- Drop in Rate: \$25/session - buy the day of your class, for intermediate or advanced.

Adult Fitness Package 3

- 4 Session Package: \$80 - expires 60 days from purchase.

Adult Fitness Package 4

- 8 Session Package: \$120 - expires 60 days from purchase.

Pay with Cash, or Check made to HealthWest Therapy or Credit/Debit

Credit Card Information (Required for CC Purchase)

Cardholder Name _____

Card Number _____

Expiration Date _____ CVV _____ Zip Code _____

I understand that JGPerformance Fitness, dba HealthWest Therapy, partner with SoCal Athletics, will record this payment. Payment will be non-refundable and non-negotiable.

Authorized Signature _____

Printed Name _____ Date _____

2019-2020

Adult Fitness Program

Dates & Times TBD

Cancelled Classes

December '19						
S	M	T	W	T	F	S
1	2	3	4	5	6	X
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	X	X	X	X	X
29	30	X				

January '20						
S	M	T	W	T	F	S
			X	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	X	21	22	23	24	25
26	27	28	29	30	31	

February '20						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	X	18	19	20	21	22
23	24	25	26	27	28	29

March '20						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April '20						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May '20						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	X	26	27	28	29	30
31						

June '20						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13

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