

Adult Fitness Program Service Agreement

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				Home Phone	- <i>1</i>	\	
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IVI	ailing Address	Street				 Apt #	<u></u>
		<u></u>					
Fm	nergency Cont	City tact		State	Zip (1	
L.,	icigency cont	Name		Relation	\	Phone	
II. Pe	rsonal Fitness	Commitment		relation		THORE	
			onal fitness ne	eds. I.			, hereby
		nto a personal/gr					
		e and energy nec				. ,	J
III. Te		3,	•	, , ,			
1.	Today's date	e:					
2.	This agreem	ent will begin on		and e	nd		
		ent is for HealthV					
	at 2 sessions	per week.					
IV. Re	escheduling, I	nterruption of Se	ervice, and Can	cellation			
B. C. D. E.	help you to for Rescheduling coach/trained All classes/in above. There Interruption interruption notify Gwen In the event will always exalden will he newal of Agree	g your class: In actind another class g your individual er at least a 24 hondividual sessions e will be no make of services requiand anticipated of Alden as soon as that you are injusted incourage you to elp you and the treement ment has ceased,	s that you can a session: If you our notice, othe s need to be ma e ups after that res a written re continuation; e s possible. red and can con do that in orde rainer/coach wi	ttend in lieu oneed to cance rwise, we will de up by the date. Equest to Head xcept in circuintinue your grown that this.	of you el your l charg aforei lthWe mstan roup c progr	r scheduled time r session, please g ge you the cost of mentioned 'end of st Therapy statin aces of emergence class with 'adapte essing toward yo	slot. give your f that session. date' as noted g reason for ies, then just ed exercises' we our goals. Gwen
ра	rticipate in; yo	ou will fill out a nefect for duration	ew agreement	for each class			•
	-	dge that I have re onditions have be	_			nditions. Any qu	estions that I had
 Partic	cipant Name (print)	 Partici	pant Signatur	 ·е		 Date

Medical Release and Waiver

Health History

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.

1. Do you have any physical condition that n			tness programs? Yes O No O
2. Are you under a doctor's care at this time Doctor's Name:			
3. Have you been treated for any medical coll fyes, please describe:			No O
4. Do you have any history of any heart cond If yes, please describe:		Yes ()	No ()
5. Are you taking any medications at this time. If yes, please list what they are for:			
6. Are there any reasons why you should no If yes, please describe:			No 🔾
I represent that I have either (a) been given voluntarily participate in the any of the fitne the approval of my physician. I represent the from participating in this event or from usin informed and agree to keep informed fully programs offered by HealthWest Therapy, participation in the programs or the use of I have been advised and understand that participation may cause short-term aggrava mood changes and other effects. I understand discomfort during the class/program.	ess programs and have accepted nat I am not aware of any medical equipment or facilities that we for any physical condition or distensive equipment and facility. Articipation in the programs and ple who have preexisting condition of some symptoms, feelings and that I should stop exercising	voluntarily all ri al or physical cor ould involve a se vendolyn Alden, ability that wou Parent/Guardi use of the equip ons, illness or m s of tiredness, lig	sks related to the event without addition that would prevent me rious health risk to me. I have administrator for all fitness ld prevent or jeopardize my an Initials ment and facility presents some edical disabilities. I recognize that the htheadedness, increased energy,
In consideration of being allowed to particip estate, heirs or assigns) hereby waive, relea trainers/coaches) or Administrator, Gwendo Athletics, their directors, shareholders, emplamages, and causes of action, present or for the use of the equipment or facilities. I affir and freely signing this agreement.	se, forever discharge and agree olyn Alden and aforementioned ployees, instructors, contractors uture, whether known or unknorm that I am of legal age or am a	not to sue 'Train HealthWest The and members fi wn, arising from	ers/Coaches' (various rapy, or 'Training Facility', SoCal rom any and all claims, demands, my participation in this event or
In connection with my enrollment in this every personal training or group classes, I have real voluntarily sign my name evidencing my according to the contract of the connection of the connect	ad this document and understar		· · · · · · · · · · · · · · · · · · ·
Participant Name (print)	 Participant Signature		 Date

Adult Fitness Agreement SoCal Volleyball Club | San Diego

Email	Name	
Phone Number	Fitness Level	
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 HITT 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	Email	
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Printed Name Date	Authorized Signature	
	Printed Name	Date

2019-2020

Adult Fitness Program Dates & Times TBD

Cancelled Classes

December '19									
S	М	Т	W	Т	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	×	×	×	×	×			
29	30	×							

January '20									
S	М	Т		Т					
			X	2	3	4			
5	6	7	8	9	10	11			
				16					
19	X	21	22	23	24	25			
26	27	28	29	30	31				

February '20									
S	М	Т	W	Т	F	S			
						1			
2	3	4	5	6	7	8			
					14				
16	X	18	19	20	21	22			
23	24	25	26	27	28	29			

March '20									
S	М	Т	W	Т	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	М	Т	\forall	Т	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	М	Т	W	Т	F	S			
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3	4	5	6	7	8	9			
10	11	12	13	14	15	16			
	18								
24	×	26	27	28	29	30			
31	•								

June '20										
S	М	Т	W	Т	F	S				
	1	2	3	4	5	6				
7	8	9	10	11	12	13				



Adult Fitness Program Service Agreement

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.

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.

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.

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.

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.