



payment schedule/general contract

I, _____, have chosen to hire Dorothy Hamburg, M.S. Exercise Physiologist (ACSM Certified / ACE Certified) also known as Personal Strength & Training, Inc. as my Strength/Exercise Instructor. Payment for sessions will be made at time of service rendered. I understand that refunds are not available on pre-paid exercise sessions.

I understand that there is a 24-hour cancellation policy and that a scheduled session is my contracted time and that I am responsible for payment. I agree to pay in full for any session that is cancelled within 24 hours of our scheduled session. I understand that this applies to late arrivals or missed appointments.

initial here _____

I understand that any scheduled sessions missed due to illness, work or family emergencies, or inclement weather, etc. are subject to the 24-hour cancellation policy and will be billed in full. I understand that I am responsible for payment for that contracted time.

initial here _____

I, _____, hereby release Dorothy Hamburg, M.S. and Personal Strength & Training from any and all claims, actions and/or liabilities for any personal injury, now or in the future, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack, death, however caused, which may occur during or after my participation in the recommended exercise program or fitness assessment testing. I understand that it is in my best interest to consult with a physician prior to initiating an exercise program. I certify that all information I have provided about my health and exercise history is complete and accurate (to the best of my knowledge). I agree to inform Dorothy Hamburg, M.S. in the event of any change in my health or medical status.

I authorize all payments for services rendered to be sent directly to Personal Strength & Training, Inc. and will be responsible for any payments not found to be covered by my insurance.

I assume all risk in the undertaking of this exercise program.
I hereby affirm that I have read and fully understand the above.

Signature

Date