



1609 N. Coalter Street
Staunton, VA 24401
540-294-0221

CONTRACT/RELEASE FORM

CONTRACT

This contract is being entered into between Jolene M. Swann and client (s) _____, for services beginning on _____, meeting once, twice, or three times per week as stated: _____. Client (s) will pay by check or cash on the first of each month. If cancellation is not received 24 hours in advance, client (s) agree to pay in full for scheduled sessions. We can not guarantee, but we will make every effort possible to make up missed sessions within the same month. This contract will continue until or unless a thirty (30) day notice is given by/to either party by the other.

RELEASE FORM

I, (client) _____, am committed to making a positive change in my health through my participation in personal training sessions with Jolene M. Swann. I understand that certain elements of these sessions can be physically demanding and that I will need to change various aspects of my lifestyle in order to realize the goals I have set for this program.

As a condition on my enrollment, I accept full responsibility for my own ability to healthfully participate in these training sessions. This means I acknowledge Jolene M. Swann's recommendation that I obtain a physician's approval of my participation in these sessions. I agree to hold Jolene M. Swann free and harmless of any liability for any subsequent injury or health problem that may result from or be aggravated by my participation in these training sessions.

I realize that Jolene M. Swann is responsible only for providing the coaching I request by hiring these services. I am responsible for my own participation in these sessions, for my own physical and emotional well being, and for the attainment of the goals which I have established for these sessions. I agree to hold Jolene M. Swann free from any and all liability in connection with my performance in these sessions. I willingly and knowingly assume for myself and my heirs, family members, executors, administrators and assigns any risk which is associated with my participation in Jolene M. Swann's training session.

Clients signature _____ Date _____

Trainer signature _____ Date _____