

Charles Francillette
Personal Program Release and Waiver of Liability Agreement

It is recommended to every person joining a physical fitness program that he or she undergo a complete physical examination by their Physician. If there are any physical limitations, these should be indicated and made known to Charles prior to participation. As good practice, Charles recommends that every person have an annual check up.

I _____ (“CLIENT”), acknowledge that I wish to participate in personal training with Charles Francillette (“TRAINER”).

I am aware that personal training may be hazardous, and I am voluntarily participating in this activity with knowledge of the danger involved and agree to assume any and all risks of bodily injury.

As consideration for being permitted by Charles Francillette to participate in these activities, I hereby agree that I, my assignees, heirs, next of kin, spouse, and legal representatives will not make a claim against, sue, or attach the property of Charles Francillette for injury or damage resulting from the negligence or other acts, however caused, by Charles Francillette as a result of my participation in the activities described above. I forever release Charles Francillette, assignees, heirs, next of kin, spouse, and legal representatives from any and all action, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I certify that I have carefully read this agreement and I fully understand its contents. It is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, next of kin, spouse, administrators, executors, successors, and assignees. I am aware this is a release of liability and a contract between myself and Charles Francillette and I am signing it of my own free will.

Executed at _____, California, on _____, 20_____.

CLIENT/RELEASER: _____

SIGNATURE: _____

CANCELLATION POLICY

_____ 1. A 24 hour notice of cancellation is required should you, the client, wish to cancel a training session. Otherwise, you, the client, will be charged for the session.

PAYMENT POLICY

_____ 1. All payments shall be made either the same day as the training session or in advance toward future training sessions.

I certify that I have carefully read these two policies and I fully understand them. By initialing next to these two policies, I agree to them fully and acknowledge this contract between myself and Charles Francillette and I am initialing them of my own free will.

Contact Information

All information is confidential.

Name: _____

Phone Numbers:

Address: _____

Cell: _____

Work: _____

Home: _____

Email: _____