



Personal Trainer Name: .....

Client Name: .....

The following when signed will constitute the full agreement between the name Personal Trainer & Client.

The Trainer will act as a Personal trainer in the development of an Exercise programme during the agreed sessions.

In consideration of this service the client shall pay each session or in advance according to the session's rates charged by the Personal Trainer.

The Personal Trainer is under the agreement as a self-employed person.

### The Client Understands That:-

It is the responsibility of the client to ensure that the date and time booked are correct. The Client is responsible for notifying the Personal Trainer (Angus: 07590 637 233) if the booking has to be cancelled & likewise the Personal Trainer is responsible for notifying the Client if they are cancelling the appointment.

The Client may be CHARGED for sessions missed as follows:

### Cancellation Policy

More Than 24 Hours Notice – NO CHARGE  
Less Than 24 Hours Notice – FULL CHARGE

### Late Arrivals

The Trainer is ONLY required to wait for 15 minutes past the agreed start time.  
After this the Trainer may leave the premises and the Client will forfeit the amount for the session.  
If the Client arrives within the 15 minutes, the Trainer will only complete the time left of the original session.

No Extra Time Will Be Given.





**Declaration of understanding**

I the client, agree that I fully understand and agree to abide by the above rules & regulations. I clearly understand that Jack Browne (Personal Trainer) is not a medical doctor and therefore cannot diagnose or prescribe treatment for any form of injury, disease or any other medical condition.

Before embarking on any exercise programme I must have completed the Brownes Fitness (PARQ) Physical Activity Readiness Questionnaire and resulting processes. I also understand that I should inform you of any medical conditions that may not have been covered in the form and that I may be advised to visit my doctor prior to commencing the sessions.

I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in the activity and/or use the equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities.

I release Angus Browne (Personal Trainer) who trains me from any liability for personal injury or other damage I may sustain whilst engaging in any exercise programme suggested by the Trainer.

**Signed:** ..... (Personal Trainer)

**Name:** .....

**Date:** .....

I Acknowledge Receipt of this Agreement and Confirm Acceptance of the Terms and Conditions Contained Therein.

**Signed:** ..... (Client)

**Name:** .....

**Date:** .....

**Contact Details:**

Angus Browne: 07590 637 233  
Email: [angus@brownesfitness.com](mailto:angus@brownesfitness.com)  
Website: [www.brownesfitness.com](http://www.brownesfitness.com)

