



405.285.5688 INFO@PHAMILYFUNFITNESS.COM
WWW.PHAMILYFUNFITNESS.COM | 404 WIMBLEDON RD. EDMOND OK 73003

PERSONAL TRAINING AGREEMENT

General Applicant Information

Date: _____

LAST NAME _____ FIRST NAME _____

CELL# _____ WORK/OTHER # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

D.O.B. _____ EMAIL _____

- | | |
|----------------------------------|----------|
| 1. PRICE PER SESSION | \$ _____ |
| 2. TOTAL NUMBER OF SESSIONS | _____ |
| HR _____ ½ HR _____ | |
| 3. TOTAL PAID TODAY | \$ _____ |
| SESSIONS EXPIRE _____ | |
| 4. BALANCE DUE (Payable via EFT) | \$ _____ |
| 5. EFT PAYMENT AMOUNT | \$ _____ |
| 6. MONTHLY EFT | \$ _____ |

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ASSUMPTION OF RISK 3-DAY NOTICE You the buyer may cancel this agreement at anytime prior to midnight of the third business day of the fitness center after the day of this agreement excluding Sundays and holidays. To cancel this agreement, mail, fax or deliver a signed and dated notice, which states that you, the buyer are canceling this agreement, or words of similar effect. Such notice should be sent to Phamily Fun & Fitness.

WAIVER AND RELEASE OF LIABILITY Phamily Fun & Fitness, LLC, urges you and all members to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise classes. All exercises, including the use of weights and use of any and all machinery; equipment

This agreement is not effective until you, the buyer and an authorized Phamily Fun & Fitness, LLC representative signs and dates it. Do not sign this agreement before buyer reads it or if it contains blank spaces to be filled in. The buyer is entitled to a completely filled-in copy of this agreement and acknowledges that buyer has read and received a complete copy of the contract with disclosures made in compliance with federal and state laws.

Authorization Agreement for Pre-Authorized Payments (DEBITS). I (We) hereby authorize Phamily Fun & Fitness to initiate debit entries to my (our) account identified below and the depository named below, hereinafter called DEPOSITORY, to debit the same to said account. This authority is to remain in full force and effect until Phamily Fun & Fitness and DEPOSITORY have received notification from membr of its termination. Member authorizes Phamily Fun & Fitness to access member's account for any increase provided in this agreement and any alnd all sums that become due, including but not limited to administration fees, late fees, outstanding down payments or any other delinquent amount and all taxes enacted by the state of OK or any governing authority. Member has given Phamily Fun & Fitness a voided check or credit card authorization form with the required bank information and account numbers. The account may be debited seven (7) days before or after bill date. The specific authorization is attached to this contract and incorporated by reference as if it were fully set forth. Member agrees that if the pre-authorization payment is cancelled or terminated for any reason, monthly payments will be increased by \$15.00 per month.

YOUR SIGNATURE BELOW, AUTHORIZES PHAMILY FUN & FITNESS TO AUTOMATICALLY WITHDRAW FUNDS FROM YOUR (MEMBER'S) BANK ACCOUNT OR CREDIT CARD FOR ALL SUMS OWING TO PHAMILY FUN & FITNESS, LLC, UNTIL THE BALANCE DUE STATED ABOVE (LINE 4) IS PAID IN FULL.

MEMBER'S SIGNATURE _____ DATE _____

EMPLOYEE/TRAINER SIGNATURE _____ DATE _____