



## Focus Performance

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# PERSONAL TRAINING AGREEMENT

This agreement is made between: *FOCUS PERFORMANCE* and  
Client: \_\_\_\_\_  
(Last Name, First Name)

### TRAINER RESPONSIBILITIES:

- Will perform as a personal trainer in instruction, exercise programming and motivation.
- Will maintain current General Liability Insurance policy.
- Will stay current with applicable professional certifications.

### CLIENT/PARENT RESPONSIBILITIES:

**\*\*Parents are highly encouraged to wait in the Parent Waiting Area to allow client/trainer privacy.**

- Has and will accurately and honestly complete health history.
- Will promptly inform trainer of any change in medical condition or of any new injury.
- Agrees to allow Trainer to contact Client's personal physician and/or obtain medical records when necessary.
- Will give Trainer at least 48 hour notice to reschedule any appointment. If 48 hour notice is not given, session will not be rescheduled unless dire emergency or illness. This will count as client and session revenue forfeiture and a \$20 dollar cancelation fee will be assessed.
- Will comply with advance scheduling and payment policies as set forth below.
- Will be ready to work out when Trainer arrives and give Trainer un-interrupted attention.
- If Client informs Trainer that they will be delayed in starting, time is subtracted from 60 minute workout.

### SCHEDULING & PAYMENT OPTIONS:

- For optimal results, training should occur three times a week.
- Training is to be paid in advance. Cash is the preferred payment method; however a completed credit card authorization form is attached for convenience. (See form below)
- Fees are non-refundable unless catastrophic injury or illness.
- Once training is scheduled, both Client and Trainer are held liable for those time slots.
- Rescheduling is based **solely** on availability. All reschedules must be booked within that same week.
- If training is to continue beyond the initial 4 weeks, the new session must be booked prior to "last appointment."
- At that time, another 4 week session will be reserved for client. Fees are due on first appointment of each 4 week session.
- All sessions must be complete **no later than 4 weeks** from start date unless catastrophic injury or illness.

**EMERGENCY CONTACT INFORMATION FORM**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

M    F  
Sex (Circle)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, Zip Code

\_\_\_\_\_  
City, ST, Zip Code

**ALTERNATIVE EMERGENCY CONTACTS**

\_\_\_\_\_  
Primary Emergency Contact

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, Zip Code

\_\_\_\_\_  
City, ST, Zip Code

**MEDICAL INFORMATION**

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Provider

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

I, \_\_\_\_\_, wish to participate in the exercise and training program offered by FOCUS Performance. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk and against recommendation of FOCUS Performance. I further agree that FOCUS Performance shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility), and I expressly release and discharge FOCUS Performance, its owners, employees, agents and/or assigns from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

**I have read and understand this term: (initial)**

I understand that FOCUS Performance will make every reasonable effort to preserve the privacy of the information contained in this Client Health History Questionnaire. I further agree that FOCUS Performance shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Health History Questionnaire and I expressly release and discharge FOCUS Performance, its owners, employees, agents and/or assigns from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Health History Questionnaire. This release shall be binding upon my heirs, executors, administrators and assigns.

**I have read and understand this term: (initial)**

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer, Group Fitness Instructor, or alternate staff.

**I have read and understand this term: (initial)**

Focus Performance advises that I attend three times a week for optimal results. I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term: (initial)**

I understand that FOCUS Performance bills its personal training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made *before* the sessions are conducted. Credit cards, cash, and checks made payable to FOCUS Performance are all accepted. A personal credit/debit card of my choice must be added to my account to ensure payment. I understand that all Personal Training sessions are non-transferable and non-refundable.

**I have read and understand this term: (initial)**

I understand that FOCUS Performance operates on a scheduled appointment basis for Private Training sessions and thus requires that I provide 48 hours' notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours' notice given. Should I cancel a session with 48 hours' prior notice; my session will be forfeited and I agree to pay a \$20 cancellation fee. I understand that FOCUS Performance recommends that all cancelled sessions be rescheduled to ensure consistency and progress. Rescheduling is based **solely** on availability and is **not** guaranteed.

**I have read and understand this term:** (initial)

I understand that during a Personal Training/Group Training/session, my trainer/instructor may have to touch my muscles or joints to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with this form of touch, I will immediately request that it be discontinued.

**I have read and understand this term:** (initial)

I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer or any other FOCUS Performance staff/contract member.

**I have read and understand this term:** (initial)

I understand that should my Personal Trainer become ill or is away on holiday, discussion will occur between client and trainer to reschedule the appointment. I also understand that if an instructor/trainer is ill or away on holiday for scheduled group training, all efforts will be made to find a suitable replacement, but on occasion a class might need to be cancelled. In such a case, that paid session will be carried over to the following month.

**I have read and understand this term:** (initial)

I understand that FOCUS Performance photographs many of their client events/sessions and I provide FOCUS Performance the absolute right and permission to use these pictures/images for any lawful promotional, advertising or marketing purpose.

**I have read and understand this term:** (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
CLIENT NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE (Required for clients 17 years old and younger)

\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
FOCUS PERFORMANCE REPRESENTATIVE

\_\_\_\_\_  
DATE





# Focus Performance

Angelo Ennis, Certified Sports Performance Specialist/Founder  
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## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize FOCUS PERFORMANCE to charge my credit card  
(full name)  
indicated below for \_\_\_\_\_ on the \_\_\_\_\_ of each \_\_\_\_\_ for payment of my Training Sessions.  
(amount) (day or date) (frequency)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Checking/ Savings Account

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



### Credit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_  
(3-4 digits on back of card)

Zip Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Focus Performance in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Focus Performance may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization

