Train with Susan

Susan Fink, NSCA-CPT

1487 S. Crest Dr.

Los Angeles, CA 90035

323-574-4802

[susan@trainwithsusan.com](mailto:stlfink@gmail.com)

www.trainwithsusan.com

Training Agreement and Policies

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

**Please carefully read the following information:**

Your training will begin with an assessment that will

* Look at your strength and flexibility so that I can plan a program appropriate for you.
* Make me aware of any concerns or issues that may affect your workouts.

**Safety**

* Your safety is my number one priority.
* Exercise involves risks. I will do everything I can to prevent you from getting injured.
* I recommend that you get a physician’s exam prior to working with me. It is imperative that you share with me any injuries or issues affecting your ability to exercise.

**Programs**

* Personal (Individual) Training: 55-60 minute one-on-one workout designed to meet client’s goals.
* Small Group Training: 55-60 minute full body workout with a maximum of five (5) participants (in person classes). Classes currently meet on Monday and Thursday, 8:30-9:30am.
* Stretch Class: 30 minutes full body stretch. Classes currently meet on Wednesday and Friday at 8:30am

**CANCELLATION AND RESCHEDULING POLICY**

**Personal (Individual) Training**: Personal training times are reserved for you alone and cancellations **must** be made at least 24 hours in advance by texting me at 323-574-4802. There are no refunds for sessions missed or cancelled without 24 hour notice.

**Small Group Training**: Small Group Training classes are purchased individually or as a group of classes. Clients receive an email at the end of every month with the dates of the new session of classes. If you are unable to attend a class you have registered for you must contact me at 323-574-4802 at least 24 hours prior to the workout. At my discretion, I will make every effort to arrange for you to make up the missed class at another class during that group of classes, subject to class availability and attendance. **There are no refunds or make-ups for classes missed or cancelled without 24 hours notice.**

**Stretch Class**: Stretch classes are purchased individually or in multiples. **Classes must be paid at least two days in advance in order to guarantee that you will be sent the Zoom link,** If you are unable to attend a class you have registered for you must contact me at 323-574-4802 at least 24 hours prior to the class. I will do my best to record the class for you and send you the recording. I cannot guarantee that the session will be recorded or that a make-up class will be available. **There are no refunds or make-ups for classes missed or cancelled without 24 hours notice.**

Sessions will begin promptly as scheduled. A late start will not alter the end time. If you are more than 15 minutes late to the session I have the right to cancel the session if there are no other attendees and you will be charged for that session.

**PRICING AND PAYMENTS**

* Personal (Individual) Training: $85-$125 single session.
* Shared Training (two people) $130 single session
* Small Group Training: $25/single class paid in advance; $23/class when purchasing 4 or more classes in a session paid in advance.
* Stretch Class: $15 single/class paid in advance; $13/class paid in advance for two classes in a week.

This Training Contract is not transferable or assignable. Personal (Individual) Training sessions purchased must be completed within four (4) months of the purchase date. Small Group Training classes are purchased for a specific group of classes only and may not be used in or transferred to a future group of classes. Payment is required in advance of actual training sessions.

Fees are non-refundable . Exceptions will be made due to injury.

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I acknowledge and accept the terms of this Agreement.

Participant’s Name (please print clearly)

Participant’s Signature Date

Parent/Guardian’s Signature of Minor Participant (if needed) Date