

**Important Studio and Training Information:**

I understand and agree to the following (Please initial next to each number and sign at the bottom):

1. You, the client, are cleared by a doctor to work with a personal trainer.
2. The client will not hold Spark Fitness, LLC and its representatives responsible for any injuries occurred both during our training sessions or on my own.
3. Clients will pre-pay monthly for all personal training sessions.
4. Client understands that personal training sessions expire after 30 days of purchase.
5. It is the client’s responsibility to re-schedule any missed personal training sessions.
6. Any personal training sessions cancelled less than 12 hours before the scheduled session will be logged as “completed.”
7. Laura Grissom will do her best to accommodate rescheduling, but cannot guarantee availability outside the client’s assigned session day and time.
8. The client will keep their method of payment updated via the studio software, Zen Planner, or via the Spark Fitness Studio Manager ([spark@yoursparkfitness.com](mailto:spark@yoursparkfitness.com)). Expired credit cards and/or late payments may result in forfeiture of assigned personal training time slots.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spark Fitness Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_