

PERSONAL FITNESS PROGRAMS, Inc.
Suite 610, CNY Medical Center
739 Irving Ave
Syracuse, New York 13210
(315) 470-5854

Membership Agreement

Welcome to Personal Fitness Programs. The owner and employees welcome you and hope that your needs are satisfied with regards to your physical exercise. The following is an agreement entered into on the _____ day of _____, between Personal Fitness Inc., its agents, representatives and employees and

Print name here (hereinafter referred to as member).

1. **TERMS:** *Personal Fitness will agree to provide the member with training advice and guidance. Personal Fitness will allow the use of the facilities herein with certain limitations as is set forth in the guidelines and rules of the facility.*

In order to serve you better we must know of any physical limitations which you may have. Therefore, the client states that he/she has either had a complete physical examination within the last twelve months or will have such a physical examination before using the facilities. Or alternatively, the client will provide to his/her primary care physician a medical release form (available upon request) which is to be completed by said physician. This form will allow the release of any information regarding limitations which may prevent and/or limit the member from fully participating in the programs.

2. **NOTICE OF RISKS/DISCLAIMER OF LIABILITY:** *The client understands and acknowledges that there are certain risks inherent in any physical activity. Such risks include medical/health and injury risks. By entering into this agreement the client accepts and assumes those risks associated with the physical activity which the client will be participating in.*

The client also realizes and understands that a personal trainer is not an insurer of their safety but will do everything within his/her power to formulate a training program to the benefits of the client. The trainer is not and will not be responsible for any injury arising from the use of the programs or facilities provided by the trainer where the risk has been recognized by and acknowledged by the client signing this agreement.

3. **TRAINING RULES AND GUIDELINES:** *The employees, representatives and agents of personal Fitness welcome you to this facility. In the hopes of providing you with programs that suit your needs and to avoid unnecessary and unforeseen difficulties Personal Fitness requests that you follow the following rules and guidelines so that we may provide a full service facility to all our clientele.*

A. *The facility will be available for your exercise usage, M-F between the hours of 6am-6pm. You must have completed an orientation session to the gym with a trainer before any independent exercising will be allowed.*

B. *Personal Fitness programs requests that if the member is unfamiliar with any of the equipment available for usage that, they obtain guidance as to the proper operation of the equipment from a trainer.*

C. *If an injury occurs please notify Personal Fitness immediately and fill out an incident report that is available. We can not service you unless we are familiar with your limitations and restrictions and request that you advise of the same.*

Please sign where it says “CLIENT”

MERGER AGREEMENT: *This agreement contains the entire understandings of the parties with respect to the subject matter hereof and includes by reference documents herein stated and acknowledged by the client by execution of same. This agreement and document referenced herein may only be changed in writings signed by the parties against whom enforcement is sought.*

Dated: _____

Client: _____

Personal Fitness Programs by: _____

Trainer/Representative

BY SIGNING THIS AGREEMENT, YOU REPRESENT THAT YOU UNDERSTAND THIS AGREEMENT FULLY AND HAVE KNOWINGLY AND VOLUNTARILY ENTERED INTO SAID AGREEMENT WITH NO RESERVATIONS.

CROUSE EMPLOYEE REQUEST FOR
PAYROLL DEDUCTION

I _____
Crouse Employee Number _____
Hereby authorize Crouse payroll to withhold
from my paycheck the amount of \$25.00 per
pay check and to have that amount paid to
Personal Fitness Programs, 205 South
Salina Street Syracuse, NY 13202. I also
understand that I may withdraw from this
fitness program with 30 days notice to them,
in writing. I understand that this deduction
is being used to pay for enrollment in a
fitness program at the hospital that is
managed by Personal Fitness Programs.

(signed)

Dated