PERSONAL INSTRUCTION AGREEMENT

Client Information

Name_____ Age_____

School_____ Grade_____

Level of Experience_____

Parent/Guardian Information

Name_____

Cell Phone_____

E-mail_____

Scheduled Day(s) of Instruction _____

Amount of Payment_____

CLIENT POLICY

Instruction fees must be paid prior to each session. Cancellations must be received at least 24 hours before the instruction session in order to avoid being charged for the session. Clients that cancel or miss with less than 24 hours notice will be charged for the session.

Instruction appointments are timed sessions. Clients that arrive late will be charged for the entire scheduled appointment. The missed time will not be added to the end of the session.

Instruction sessions are non-refundable except if the client becomes physically debilitated and is unable to exercise. If a package has been paid in full and, if for whatever reason, you are not satisfied with our services, you will be refunded for unused sessions and services.

LIABILITY WAIVER

I, the undersigned, being aware of my own health and physical condition understand the associated risks involved in an exercise program. I know that the instruction session will

include rigorous physical activity/exercise and that I am physically able to engage in an exercise program. I agree to disclose any physical limitations, ailments, disabilities or important health risks that may affect my ability to participate in the program.

I hereby release Step Your Game Up all agents/staff, successors, facility of training, and affiliates from liability for illness, accidental injury, or death that may arise out of participation. I hereby assume all risks that are associated with the instruction program. This agreement holds true and in effect for additional sessions purchased beyond the initial agreement. By signing below, I agree to the terms and conditions outlined above.

Client Signature_____ Date_____

Parent/Guardian Signature_____ Date_____