

Reformer Pilates Personal Training Registration Form

BHHFC staff and contractors are committed to helping you achieve your health and fitness goals and are pleased to offer Pilates Reformer Training. Reformer training accommodates a full-range of motion to improve flexibility, target your core, and build strength.





Promptness: If a client is late for the scheduled session, there will be a reduction in the session length equal to the time late and the client will be billed at the scheduled rate. If the client is more than 15 minutes late, the trainer has the right to cancel and bill the client for the session.

Cancellations: Cancellations must be made 24 hours in advance or full charge will be applied. If a trainer has to cancel their appointment with less than 24 hours notice, the client will be provided a complimentary session at the next regularly scheduled time.

Refunds: All Personal Training packages and sessions are non-refundable. Under extenuating circumstances such as illness or injury, alternative arrangements may be made at the discretion of the Personal Trainer the session is scheduled with. If a trainer does not suit a client's needs, the client may choose to work with another BHHFC contracted trainer.

Client Information

Packages must be paid in full, in advance, on or before the first meeting with your trainer. All personal training packages expire one year from date of purchase.

Session	Rate	Payment Type
<input type="checkbox"/> Single Session (30 mins)	\$18 (+ day pass for nonmembers)	<input type="checkbox"/> Cash
<input type="checkbox"/> Single Session (55 mins)	\$30 (+ day pass for nonmembers)	<input type="checkbox"/> Check
<input type="checkbox"/> Ten Sessions (30 mins)	\$165 (+ day pass for nonmembers)	<input type="checkbox"/> Credit Card    
<input type="checkbox"/> Ten Sessions (55 mins)	\$275 (+ day pass for nonmembers)	# _____
		Exp. Date: _____

Personal Training Rates for Small Groups (up to two individuals):

- Group of 2: \$12 for the second person per session

Waiver of Liability Claim

In consideration of you accepting this entry, I hereby, for myself, my heirs, my executors and administrators, waiver any and all rights and claims for damages I may have against Betsie Hosick Health and Fitness Center(BHHFC) and staff and Paul Oliver Memorial Hospital(POMH) and its representatives, for any and all injuries suffered by myself at any activity sponsored by these groups. I do hereby allow the BHHFC to use any photographs taken by the organization, of the individual named herein, in informational publications released to the general public. Exercise involved in this program is designed with physical fitness in mind for healthy adults. Persons who suspect or are aware of heart disease or other conditions that may adversely affect exercise tolerance should consult a physician prior to participation in this exercise activity. I take full responsibility for my own welfare and will not hold the personal trainer, or BHHFC or POMH responsible. I understand and agree that BHHFC-POMH reserves the right to require physician clearance before I may participate in a program/class or use exercise equipment.

First Name

Last Name

Phone

Address

City, State Zip Code

Email Address

Client – Signature

Date

BHHFC Employee– Signature

BHHFC Employee – Print Name

Date

BETSIE HOSICK HEALTH & FITNESS CENTER

 **MUNSON HEALTHCARE** Paul Oliver Memorial Hospital