



Remote Training Agreement

699 Washington Blvd, Suite B5
Roseville, CA 95678
(916) 320-7279
ironaddiction@gmail.com

Welcome to Remote Training with Iron Addiction!

We want your experience with us to be rewarding and beneficial to your health and fitness. We are dedicated to helping you achieve your fitness goals. Your goals are our goals and together we will succeed! The following policies are designed to ensure a successful training experience. Please read these policies carefully and direct any questions to Mike or Trish Wood.

Payment for services:

All payments must be made prior to the monthly emailed training program. We accept payments by cash, check, or credit card. If for any reason you default on payment, there will be a charge of \$50 added to the monthly fee. In the event of a returned check you will be liable for a fee of \$35. **Please note that we require a 10 day cancellation notice for all remote training programs.*

Missed and canceled appointments (for local clients only):

To cancel an appointment without charge, you must contact your trainer, Mike or Trish Wood, at least 24 hours before your scheduled appointment. If you fail to cancel at least 24 hours in advance, your assessment or training session be forfeited.

Late Appointments: (for local clients only):

It is very important to arrive on time for your appointment. If you arrive late, you will only be guaranteed the remainder of your allotted time. Example: If your appointment time is 9:00 to 10:00, and you show up at 9:10, your session still ends at 10:00. The Trainer may cancel the scheduled appointment if the client is more than 15 minutes late.

All programs designed by Iron Addiction are the sole property of Iron Addiction, LLC and are not to be distributed or sold to anyone except the intended client.

Any unauthorized distribution will be subject to immediate cancellation and legal action.

CLIENT NAME(S): _____

E-MAIL ADDRESS: _____ HOME PHONE: _____ CELL PHONE: _____

HOME ADDRESS: _____ CITY/STATE: _____ ZIP: _____

Remote program start date: _____

Remote program options (please initial desired option): *There is an initial \$50/program design fee your 1st month*

****Please note there is a minimum 3 month commitment required for all remote programs.*

 \$50/ month: Nutrition plan, workout plans emailed once per month. Consultation done in via email once per month. Please note that no personal training sessions are included

 \$75/ month: Nutrition plan, workout plans emailed once per month. Consultation done in in person once per month. Please note that no personal training sessions are included.*

 \$100/ month: Nutrition plan, workout plans emailed once per month. Consultations done in in person twice per month. Please note that no personal training sessions are included.*

Client Signature: X _____

Date: _____



Health & Nutrition Analysis

Name: _____ Date: _____

Current weight: _____ Current height: _____

Please list any food allergies or stomach conditions: _____

Do you drink? Yes ___ No ___ if yes, how often? _____ Do you smoke? Yes ___ No ___

Please list any injuries or health conditions that may affect your exercise program:

List any hereditary family illness (i.e. diabetes, cancer, heart issues, cholesterol, blood pressure, etc.)

Please list any current medications and nutritional supplements you take, include brand names:

How many days per week do you plan on working out? _____ Where? _____

If working out at home, please list all the equipment you have available to use:

What time of day do you workout? _____

Please list your health & fitness goals (short & long term):

When do you usually wake up in the morning: _____

When do you usually go to bed at night: _____

What is your work schedule (days/hours) and what type of work do you do?:

What is your current workout schedule (cardio included):

Do you have any emotional attachment to food? Do you eat when you are sad or stressed?

Do you have any trigger foods that make you binge eat?



Please fill out this form to give us an idea of what your body is used to consuming daily...be honest!

Name: _____

Date: _____

Be sure to include measurements/oz. on all food items at every meal!

On an average day:

Meal 1, Time eaten:

Meal 2, Time eaten:

Meal 3, Time eaten:

Meal 4, Time eaten::

Meal 5, Time eaten:

Workout and/or cardio performed:

Oz of water consumed: _____

WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Iron Addiction, LLC

Upon signing this Agreement and forever thereafter, you (Buyer, each member and all guests) agree that if you engage in any physical exercise or activity, use any Iron Addiction facility, or are present on the premises, you do so at your own risk and assume the risk of any and all injury and/or damage you might sustain, regardless of whether such injury or damage arises out of or during physical exercise. Your assumption of risk includes but is not limited to your use of any exercise equipment (mechanical or otherwise), the locker room, men's/women's restrooms, sidewalk, parking lot, stairs, lobby area, or any other part or item in or around the facility. You agree to assume the risk of your participation in any activity, class, program, instruction, or Iron Addiction sponsored event. You agree that you are voluntarily participating in the aforementioned activities and assume all risk, known and unknown, associated with using Iron Addiction facilities, equipment and premises including, without limitation, any loss or theft of any personal property. You agree on behalf of yourself (and your spouse, all your, children, personal representatives, heirs, executors, administrators, agents, and assigns) to forever release and discharge Iron Addiction and our owners, employees, agents, representatives, affiliates, successors, and assigns from any and all claims or causes of action (known or unknown) arising out of the negligence of Iron Addiction, whether active or passive, or that of any of its affiliates, employees, agents, representatives, successors, and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) Iron Addiction's improper maintenance of any exercise equipment or facilities, (c) Iron Addiction's negligent instruction or supervision, including personal training, and (d) you slipping and falling while in the facility or any portion of the premises for any reason, including Iron Addiction's negligent inspection or maintenance of its facility. By executing this Agreement, you hereby agree to indemnify and hold harmless Iron Addiction from any loss, liability, damage, or cost Iron Addiction may incur due to your presence at Iron Addiction facility. You further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the state in which this agreement is entered into, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that Iron Addiction is designed to and does offer a service to its members encompassing the entire fitness spectrum. Iron Addiction is not in the business of selling, leasing or otherwise placing into the stream of commerce weight lifting equipment, exercise equipment, or other such products, and the use of any such items is incidental to the service provided by Iron Addiction.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. YOU ARE AWARE AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE, YOU ARE GIVING UP YOUR RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST IRON ADDICTION FOR ITS NEGLIGENCE, OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. YOU HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE. YOU AGREE, FOR YOURSELF AND YOUR SPOUSE, CHILDREN, SUCCESSORS, HEIRS AND ASSIGNS, THAT THE ABOVE REPRESENTATIONS ARE CONTRACTUALLY BINDING, AND ARE NOT MERE RECITALS, AND THAT SHOULD YOU OR YOUR SUCCESSORS ASSERT ANY CLAIM IN CONTRAVENTION OF THIS AGREEMENT, THE ASSERTING PARTY SHALL BE LIABLE FOR THE EXPENSES (INCLUDING REASONABLE ATTORNEYS FEES) INCURRED BY THE OTHER PARTY OR PARTIES IN DEFENDING AGAINST ANY SUCH ACTION.

Printed Name

Date

Printed Name of Parent or Guardian if Applicable

X_____
Signature of Member, Parent or Guardian as Applicable



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916-224-9609
www.ironaddictiontraining.com

Credit Card Transaction Agreement

Name: _____ Date: _____

Select training program below:

___\$50/ month: Nutrition plan, workout plans emailed once per month. Consultation done in via email once per month. Please note that no personal training sessions are included.*

___\$75/ month: Nutrition plan, workout plans emailed once per month. Consultation done in in person once per month. Please note that no personal training sessions are included.*

___\$100/ month: Nutrition plan, workout plans emailed once per month. Consultation done in in person twice per month. Please note that no personal training sessions are included.*

\$150/ month: Nutrition plan, workout plans emailed once per month. Includes 1 personal training session per month. Consultation done in-person before training session.

___\$200/ month: Nutrition plan, workout plans emailed once per month. Meet 2x/ month: 2 personal training sessions and 1 monthly progress assessment included

___\$250/ month: Nutrition plan, workout plans emailed once per month. Meet 3x/ month: 3 personal training sessions and 1 monthly progress assessment included

___\$300/ month: Nutrition plan, workout plans emailed once per month. Meet 4x/ month: 4 personal training sessions and 1 monthly progress assessment included

___ *Competition Prep Plan* \$600 1st month & \$200/month thereafter: Nutrition plan, workout plans emailed once per month. Consultations done in-person or via Skype/email bi-weekly.

Automatic billing will begin _____ and continue until cancelled by the client. Billing will occur on the same day each month. There is a 3 month minimum commitment and a \$50 set up fee for the remote program billed with your first month's dues. After the minimum commitment is met, your enrollment in the remote program selected will continue until cancelled. **Cancellation of membership must be submitted within 10 days of your next billing.**

CC # _____

Exp Date: _____

V-Code (3 digit code on back of card): _____

Name on Credit Card: _____

Billing Address: **(Address credit card bill is received, include zip code)** _____

Email Address: _____

Client Signature X _____

I agree to pay the total amount shown above in compliance with the cardholder agreement.