Policies and Procedures

Scheduling Personal Training Appointments

Appointments can be scheduled online at www.[illegible] itness.

Cancellation Policy

All training sessions are scheduled by appointment. Appointments that are not [illegible] 24 hours in advance will be charged in full to the client. Cancellations [illegible] be made online at www.[illegible]

Schedule Changes

Clients can reschedule future appointments online at www.[illegible] itness.

Payment Policy

Training packages and class passes may be purchased online or at the studio; full payment for packages and class passes is due at the time of purchase.

[illegible]

[illegible]

[illegible]

160 Lyman Place

Englewood NJ 07631

(201) 321-1827

Liability Release

I HEREBY ACKNOWLEDGE AND AGREE that the training, programs and events held by 24CT Fitness may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and 24CT Fitness furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** 24CT Fitness, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the Sculptor Fitness personal training, classes, programs, events, and/or 24CT Fitness.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Signature _____ Print Name _____ Date_____

Address _____

Telephone (Home) _____ (Work) _____

Date of Birth: _____

IF USER IS UNDER THE AGE OF 18 YEARS OLD: PARENT/LEGAL GUARDIAN MUST CONSENT: I, as parent or legal guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this release form.

Parent/Guardian Signature _____ Date_____

Telephone where you can be reached: _____