



## Policies and Billing Agreement

Our goal is a successful experience for those we work with and to provide all clients with excellent service the following policies are in place to efficiently do this.

**Please read the policies carefully!**

**1. 24 Hour Cancellation Policy:** We work on a scheduled appointment basis. Because your appointment time has been reserved especially for you, clients are required to give a minimum of 24-hours notice when canceling an appointment, which at that time can be rescheduled at no charge.

**Sessions canceled with less than a 24-hours notice will be charged full session rate.**

**2. Billing:** We bill my clients on a pre-pay basis. Bills are issued directly to the client when services are retained and are due upon receipt of first session. All clients will initial a "Training Session Record" at their scheduled appointments. Clients will be billed for their next series of sessions 2 weeks prior to their last session. Payment will be due at the 1st session of the next series of training sessions. Discounts on session rates apply only to packages paid in full in advance.

**3. Scheduling Appointments:** We schedule appointments 1 month out in advance. We work with many people’s schedules on a first come first serve basis.

**4. Fitness Heart Rate Monitor:** Prenatal clients, clients over 50 years of age and clients 25lbs overweight are required and all other clients are recommended to wear a fitness heart rate monitor while training. Not only does it monitor heart rate, but also tracks how many calories burned during exercise. This is for your safety.

**5. Medical Release:** If you have any medical conditions, 25lbs overweight, over 55, or have had a recent surgery you will be required to get a medical release from your doctor to begin an exercise program. We will provide one to you.

**6. Pre and Post Natal Medical Release:** Clients are required to obtain a medical release from their doctor to begin or continue a prenatal training program as well as a postnatal medical release to return to an exercise program. We will provide one to you.

***MedFit Education and Training Center reserves the right to change these policies at any time.***

I, \_\_\_\_\_ have read the aforementioned and understand and accept these policies as they relate to personal fitness training procedures with MedFit Education and Training Center.

\_\_\_\_\_  
Signature of CLIENT

\_\_\_\_\_  
Date