

Comprehensive Body Conditioning Studio

"Be Well...Stay Fit!"

GENERAL CONTRACT AGREEMENT FOR SERVICES PROVIDED

TYPE OF SERVICE: _____

SESSIONS PER WEEK: _____

FEE PER MONTH: _____

CALENDAR MONTH AND/OR DAY SERVICES ARE TO BE COMPLETED: _____

ACKNOWLEDGEMENT OF SERVICES TO BE PROVIDED:

I certify that I have been made fully aware that the fee for this service is to be paid before services are rendered on the 1st day of that calendar month in which the service was purchased.

I Further acknowledge that there will be no refunds for missed training sessions and understand that my missed training sessions can be made up before the last day of the calendar month and year in which my services was paid for.

I have been made fully aware and acknowledge that any missed training sessions that was not made up within the calendar month and year in which it was purchased, does not carry over into the following calendar months or years.

I (please print your name) _____ do hereby certify that I was fully informed of the terms of this agreement by my Personal Trainer or staff member and I further understand these terms. In addition all questions I asked about about the terms of this agreement was fully explained by my Personal Trainer or staff member of Comprehensive Body Conditioning Inc.

Signature of Client: _____ Date _____

Signature of Witness: _____ Date _____

Signature of Manager: _____ Date _____

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