



***F.I.T., Inc* DBA Downtown Fitness on Elm** **Membership Agreement and Cancellation Policy**

Payment for Services Rendered:

1. You agree to pay fees **prior to personal training services rendered** by the 1st of each month and no later than the 10th.
2. You agree to an **additional \$20 charge** for fees received after the 10th for personal training services to continue as scheduled.
3. You agree that if payment of fees has not been received by the 10th, your trainer may **cancel/postpone** further personal training services until payment of fees has been received in full.
4. There will be a **\$25 surcharge** on all returned checks for payment of fees.

Cancellation/Reschedule/Make-Up Policies:

1. A **24 hour notice** is required for any credit/refund to be received.
2. If the notice is less than 24 hours, an **additional session charge** will apply if you want to reschedule the cancelled appointment.
3. Sessions cancelled within 24 hours of the appointment time may be rescheduled for later or held in credit for a period of time in accordance with the desires of the particular independent contractor.
4. In the event of a medical emergency, this cancellation policy is not applicable.
5. Refunds are not offered on any purchased sessions unless the individual is physically unable to continue training due to medical reasons. You may be required to provide documentation from your physician, at your own expense.

Gift Certificates:

1. Gift Certificates purchased and redeemed may not be exchanged for cash value.
2. Gift Certificates may not be applied for cash credit towards billings.
3. Gift certificates will expire 1 year (12 months) from the date of purchase or on the expiration date marked on the gift certificate, whichever comes first.

By signing below, you acknowledge that you have read the above policies and agree to adhere to this agreement for all billings and purchases associated with F.I.T., Inc DBA Downtown Fitness on Elm.

Printed Name: _____ Signature: _____

Date: _____

Signature of Parent or Guardian if participant is under 18 years old:

Printed Name: _____ Signature: _____

Date: _____