**“Work of Art” Contract**

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named individual hereby contracts with

Trainer: ART MOORE

Cell Phone: 832-524-3313 E-mail: FitHappens@CardioAssassin.com

**Commitment** Client agrees to the following times for workouts with the trainer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MONDAY WEDNESDAY FRIDAY @5:00am**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Contract for 6WEEKS: **SEPTEMBER 3** TO **OCTOBER 12**

In consideration for the above named services, a fee of $**150**. The client’s absence, late arrival, or early departure from a scheduled workout will not change the “commitment”.

**Returning Clients** Paymen**t** must be received before **OCTOBER 5** to hold your spot. If payment is not received your spot will be open to next client.

**Cancellation Policy** In an emergency the trainer may reschedule planned workouts, in which case a make-up session will be scheduled. If less than 24 hours notice is given, client will receive one free session.

As the client, I agree to the above details, and understand that the above times scheduled with my trainer have been reserved for me. I have filled out and signed a “Work of Art” health waiver, and have clearly stated my personal goals and limitations in order to ensure an accurate exercise prescription.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Signature Date