



CLIENT-COACH AGREEMENT

MY COMMITMENT TO YOU

CONFIDENTIALITY:

All information you give me will be kept in confidence. Your personal details and medical information will not be made available to third parties unless permission to do so is granted by you.

RECOMMENDATIONS:

Using my judgment and experience, I will suggest certain exercises and other lifestyle advice that I believe will help you achieve your personal goals, but if at any time you have specific requests please tell me so I can accommodate them.

REFERRAL:

I intend to work with you within the scope of my knowledge and competencies as an Exercise Professional. Therefore, when I believe it is in your best interests to see another health professional, I will refer you appropriately.

IF I (THE COACH) CANCELS OR RUNS LATE

Unforeseen circumstances may arise which require our sessions to be rescheduled. In this event the following policy will apply:

- If I am forced to cancel our session within 24 hours, I will make up the session at no charge to you.
- If I am forced to cancel our session giving you more than 24 hours' notice I will reschedule as soon as possible.

YOUR RESPONSIBILITIES TO ME

DISCLOSURE OF INFORMATION:

Please disclose all health information as requested at our initial consultation and keep me updated and informed of any changes to your health status. This includes all medical conditions; physical and mental, injuries, allergies, and medication you are taking. If necessary, you may need to seek clearance from your doctor before participation in the exercise programme I recommend.

ACCEPTING POTENTIAL RISKS

Whilst for most people exercise is hugely positive with many health benefits, there remains some risk that I require you to be aware of the informed consent and disclaimer.

IF YOU (THE CLIENT) CANCEL OR RUN LATE

- If you cancel your session with less than 24 hours' notice or fail to show you will be required to pay **50%** of the session fee.
- If you (the client) are late to a session, I will do my best to get the most out of the remaining time left in the session as I am unable to run over time due to previously arranged client commitments.

PLEASE NOTE: In the event that you need to reschedule, or you are running late for a session, please contact me ASAP by:

- Phone: Your Coach Number
- WhatsApp
- Email: Your Coach Email

TERM: This agreement will run for an initial period as agreed, whether that is PAYG, 4-week block or monthly term. Once the initial term has been completed, the agreement will run until further notice (please note that the agreement cannot be cancelled during the initial term). Any request to cancel this agreement after the initial term is completed is required to be in writing i.e. email or letter.

PAYMENT OPTION

All payments are managed through *Go Cardless, iZettle or Cash*.

- **Class Membership:** Managed by Go Cardless, auto-payments are deducted every 4 weeks and can be via Direct Debit or Credit Card.
- **Online Coaching:** Managed by Go Cardless, auto-payments are deducted monthly on the 1st of the month and can be via Direct Debit or Credit Card.
- **121 Coaching:** Option to pay online via Go Cardless paylink or in person via iZettle card reader.
- **PAYG:** for all one-off classes or coached sessions payments can be made via cash or iZettle card reader.

Any fees or charges incurred due to declined payments or insufficient funds are passed on and paid by the client. BFunctional does not provide refunds.



BEING PREPARED FOR YOUR SESSION

To get the most out of your session I recommend the following:

Have a small snack or light meal two or three hours before your session.

Be sure you are well hydrated and avoid alcohol prior to training.

If you are feeling unwell before your session please contact me.

Bring a small towel and water bottle to your session.

Wear appropriate clothing and footwear (ask me if you are unsure).

Be ready at the appointed time.

COMMUNICATION AND COMMITMENT

While I can give you the tools and encouragement to reach your goals, ultimately you will need to assume responsibility for making the required changes. I can best help you with this process if you keep me fully informed of any issues that arise for you and if you have any questions or concerns whatsoever please don't hesitate to voice them with me.

TERMS OF THIS AGREEMENT

The client understands that they are paying the Coach for their services as outlined in this agreement. In the event that the client doesn't use the services, the client will still be responsible to make payment for the full initial term as agreed above.

The Coach will deliver their sessions and advice to the best of their ability. The client agrees to make all payments by the due date.

ACKNOWLEDGEMENT OF THIS AGREEMENT - I have read and understood this agreement.

INFORMED CONSENT

PROGRAM OBJECTIVES

121 & Online Coaching: I understand that my physical fitness program is individually tailored to meet the goals and objectives agreed upon by my coach and me.

Group Training Classes: I understand that the physical fitness program is designed to accommodate multiple individuals with varying goals and fitness levels.

DESCRIPTION OF THE EXERCISE PROGRAM

I understand that my exercise program will involve participation in a number of types of fitness activities. These activities will vary depending upon the objectives of the program, but will probably include: 1) aerobic activities including, but not limited to, the use of stationary bicycles, rowing machines, and bike/run trail; 2) muscular endurance and strength building exercises including, but not limited to, the use of TRX, Penalty Box, ANKORR, functional training equipment, free weights, calisthenics, and exercise apparatus; 3) other activities selected 4) selected physical fitness and body composition tests.

DESCRIPTION OF POTENTIAL RISKS

I understand that no exercise program is without inherent risks regardless of the care taken by a coach and that my personal safety cannot be guaranteed by my coach. I realise that when participating in any exercises, particularly those that induce cardiovascular stress, there is a slight chance of serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) or catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), less frequent, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g., death, paralysis).

DESCRIPTION OF POTENTIAL BENEFITS

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the benefits can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in the risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility.

PARTICIPANT RESPONSIBILITIES

I understand that it is my responsibility to 1) fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program; 2) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program; and 3) clear my participation with my physician.

PARTICIPANT ACKNOWLEDGEMENTS

In agreeing to this exercise program:

- I acknowledge that my participation is completely voluntary
- I understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks.
- I give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.
- I understand that the achievement of health or fitness goals cannot be guaranteed.
- I have had a voice in planning and approving the activities selected for my exercise program.
- I have been able to ask questions regarding any concerns I might have and have had those questions answered to my satisfaction.
- I am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult with a physician prior to beginning this program.
- I have been advised to cease activity immediately if I experience unusual discomfort and feel the need to stop.
- I hereby grant and convey to BFunctional all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by BFunctional.

I have read and understand the above agreement; I have been able to ask questions regarding any concerns I might have; I have had those questions answered to my satisfaction; and I am freely signing this agreement.

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