



Referred by: _____

Personal Information:

Name: _____

Athlete's Date of Birth: ____/____/____

Address: _____

City/State/Zip: _____

Phone: _____

Emergency Contact Person:

Emergency phone: _____

Relationship to emergency contact: _____

Email: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Special-Fit.

Having such knowledge, I hereby release Special-Fit, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program.

Photography/Video Release

Participants involved in any activities offered by SpecialFit may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the SpecialFit website or in any editorial, promotional or advertising material produced and/or published by SpecialFit. **Initials:** _____

Signature: _____ Date: ____/____/____

Date: ____/____/____
Parent Signature (if participant is a minor under the age of 18)



Cancellation Policy

All cancellations must be received at least 12 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 12 hours notice will be charged for the cancelled session.

Special-Fit understands that emergencies happen. We provide every client with one free short-notice cancellation. You will not be charged for your first cancellation with less than 12 hour notice. Subsequent short-notice cancellations will be charged for the session. The free short-notice cancellation only applies if Special-Fit is notified prior to the session start time. No-shows are not eligible for the free cancellation.

If you need to cancel a session, please call: (818) 321-2936

Late Policy: Clients are responsible for arriving on time to their training sessions. Trainers are obligated to wait only 15 minutes (10 minutes for 30-minute sessions). After 15 minutes (10 minutes for 30-minute sessions), the trainer is not required to lead the remaining time of the session and the session may be lost.

Package Expiration/Refund Policy:

All personal training packages expire three (3) months from the date of purchase. All packages are non-refundable/non-transferable.

Special-Fit strives to provide the best possible service to our clients. If for any reason you are not satisfied with our services, we will be happy to issue you a refund for services ***not performed***.

If you have paid for a package in full, you will be refunded for unused sessions and services.

I have read the above policies and agree to its terms as it applies to my personal training.

Client Name: _____

Parent Signature: _____

Date: _____



6233 Variel Ave
Woodland Hills, CA
(818) 321-2936

Recurring Payment Authorization Form

Please complete the information below and submit to info@special-fit.com to complete your reservation:

I _____ authorize SpecialFit to charge my credit card
(full name)

indicated below for \$_____ on the 1st of each month for payment of my
membership dues or each time packages are complete.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

☐ Checking ☐ Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard
☐ Amex ☐ Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
CVV code: _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify SpecialFit in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that SpecialFit may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.