

PERSONAL TRAINER INDEPENDENT CONTRACTOR AGREEMENT

This Personal Training Services Agreement is made between [CLIENT NAME] ("Client") and [CONTRACTOR NAME] (the "Trainer").

1. Sessions and Certification

2 session(s) per week. The Trainer holds current certification(s): [TRAINER CERTIFICATION NASM ACE ACSM ETC] plus CPR/AED, maintained throughout the Term.

2. Scope of Practice

Fitness instruction and exercise programming only. The Trainer shall NOT: (i) diagnose medical conditions; (ii) prescribe medication, supplements, or therapeutic diets; (iii) provide medical nutrition therapy reserved for licensed dietitians; or (iv) perform physical therapy. General nutritional guidance consistent with certification is permitted.

3. Medical Clearance

Client represents consultation or intent to consult a physician before beginning exercise if Client has known cardiovascular, respiratory, metabolic, or musculoskeletal condition, is pregnant, or is over 45.

4. Assumption of Risk

Client acknowledges exercise involves inherent risks including muscle strains, sprains, fractures, cardiovascular events, and in rare cases death. Client assumes those risks except those caused by the Trainer's negligence or willful misconduct.

5. Fees; Cancellation

***\$/session. Net 30. Sessions cancelled <24 hours and no-shows are charged at full rate.

6. Confidentiality

The Trainer shall keep Client's health, fitness, progress, measurements, and photos confidential.

7. Independent Contractor

Standard IC.

8. Term / Termination

30-day termination; 10-day cure. Refund of unused sessions pro rata minus earned sessions.

Cap 1× fees paid.

General Provisions

Governing law [STATE]. Venue: [VENUE CITY]. Fee-shifting.

Signatures

Client

PRINTED NAME

SIGNATURE

DATE

Trainer

PRINTED NAME

SIGNATURE

DATE