



Congratulations on your decision to get healthy and fit. We are progressive and dedicated to bringing the latest and freshest challenges to motivate you on your journey.

ADMINISTRATION

ONCE OFF JOINING FEE R350.00

EFT/DEBIT due on the 1st day of the month, prorate.

- Men’s Group : R650/month, 10-15 sessions
- KAKB: R500/month, 8-10 sessions
- Ladies Fitness: R650/month, 10-15 Sessions
- Conditioning Fitness: R500/Month, 8-10 Sessions
- Boot Camp: R300/month, 10-15 sessions
- Student Boot Camp: R250/month
- +ADD on Bootcamp +R150

PERSONAL TRAINING PACKAGES

- 6-10 sessions per month @ R2400.00-R2800
- 8-15 sessions per month @ R3600.00-R4200
- Couples/Friends at 70% Rate Per Person

TERMS & CONDITIONS

- * No refunds will be issued for any reason, including but not limited to relocation, illness and unused sessions.
- * Monthly contracts commence on the 1st of each month.
- * 1 Month cancellation notice is required.**
- * *Personal Training* - Time slots are booked and reserved exclusively – and may not be changed for any reason, including but not limited to holidays and illness.
- * Only *Personal Training* sessions below minimum quota will be made up – within a period of 2 weeks at the start of the following month, there after they expire.

WAIVER

I, The undersigned, declare that all details provided are true and correct. I understand that training is at my own risk and that the affiliated trainers and companies and all private and public locations cannot be held responsible for loss of damage to personal being, items or injury.

I acknowledge that I have had a physical examination and have been given doctors permission to participate in the exercise program, or that I have decided to participate without prior doctors consent. I acknowledge that the trainer is not a physician and is not trained to provide medical diagnosis. I am aware that if I feel pain out of the ordinary in any way, either related to my training or otherwise, I should consult a physician.

I acknowledge that the coach will occasionally take photos and video footage for the website, or to document progress, and I hereby give her permission to do so. (Please delete this clause and initial alongside if you are in disagreement.)

I understand and am aware that strength and flexibility and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that fitness activities incur injury or death, and that I am voluntarily participating in the activities and using equipment with knowledge of risk.

I hereby agree to expressly assume and accept any and all risks of injury or death. I here and forever release and discharge the trainer from any and all claims, demands, damages, and rights of action or causes of action, present or future.

I am responsible for payment of my account, and any attorney and client costs involved in recovery thereof.

By signing in below I acknowledge that I am physically and medically fit to participate with the normal routine of exercise. I acknowledge that the Trainers, will not be held responsible for any injury or loss suffered by me whether through negligence and/or omissions on the part of the coach or for any reason whatsoever. The Information given below is private and is used solely for future communication.

PERSONAL DETAILS
SURNAME:
FIRST NAMES:
DOB:
ID:
EMAIL:
PHYSICAL ADDRESS & AREA CODE:
TEL (C):
TEL (W):
EMPLOYER/STUDENT NUMBER:
MEDICAL AID DETAILS
NAME OF MEDICAL AID:
PLAN/SCHEME/NUMBER:
EMERGENCY CONTACT
NAME & CONTACT:
RELATIONSHIP:
GP & CONTACT:

STARTING DATE: DD / MM / YY

VUKA BANK DETAILS :

ACC NUMBER 62579230196
 BRANCH CODE 255005

Client’s signature	Parent/Guardian’s signature	Coach’s Signature
Date:	Date:	Date:





HEALTH PROFILE - PHYSICAL ACTIVITY READINESS WAIVER

PERSONAL DETAILS
SURNAME:
FIRST NAMES:
DOB:
ID:
MEDICAL AID DETAILS
NAME OF MEDICAL AID:
PLAN/SCHEME/NUMBER:
EMERGENCY CONTACT
NAME & CONTACT:
RELATIONSHIP:
GP & CONTACT:
EMERGENCY CONTACT

Questions	Yes	No
1 Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2 Do you feel pain in your chest when you perform physical activity?		
3 In the past month, have you had chest pain when you were not performing any physical activity?		
4 Do you lose your balance because of dizziness or do you ever lose consciousness?		
5 Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6 Are you currently taking any medication? (If yes, please list.)		
7 Do you know of any other reason why you should not engage in physical activity?		
8 Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)		
9 Have you ever had any surgeries? (If yes, please explain.)		
10 Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)		
12 What is your current occupation?		

* Yes to one or more questions: It is strongly recommended that you have a Medical Clearance BEFORE you become significantly more physically active.

* No to all questions: If you answered NO honestly to all questions you can be reasonably sure that you can become more physically active and take part in a fitness training program.
 Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness instructor, and ask whether you should change your physical activity plan.
 I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

CLIENT INITIAL	
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TRAINING CONTRACT AGREEMENT

In order to see improvements towards your health, fitness, and or performance goals, it's imperative for you to follow programming protocols both during supervised and (if applicable) unsupervised training days. While working with us, every effort will be made to ensure your safety; however, as with any exercise/activity program, there are inherent risks. These risks include, but are not limited to, increased heart stress and chances of musculoskeletal injuries. In signing up for this program, you agree to assume responsibility for the mentioned inherent risks and waive any possibility for personal damage.

A Medical Release form is mandatory for participants with any exercise/physical restrictions. Personal training participants who do NOT have a prior medical examination MUST acknowledge that they have been informed of its importance. By signing below, you accept full responsibility for your own health and well-being.

1. NO SHOW: clients that fail to show for their scheduled appointments will forfeit that session. Trainers that fail to show, will owe the clients one session for the missed appointment.
2. LATE SHOWS A 10 minute rule will apply for scheduled appointments. If you don't show within 10 minutes past your scheduled appointment, the personal trainer will not be obligated to train you on that particular day. If the trainer decides to leave, you will forfeit a paid training session. If the trainer stays and you show up, they will only train you for the remainder of the scheduled training hour.
3. Your paid sessions are to be used by you and are not transferable to any other person.
4. No refunds will be issued for any reason, including but not limited to relocation, illness and unused sessions.
5. Monthly contracts commence on the 1st of each month. 1 Month cancellation notice is required.

6. Time slots are booked and reserved exclusively – and may not be rescheduled for any reason, including but not limited to holidays and illness.
7. If the minimum quota of sessions is missed they must be made up the following month within a period of 2 weeks there after they expire.

CLIENT INITIAL	
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PERSONAL TRAINER / CLIENT CODE OF CONDUCT

1. Personal Trainers shall be committed to providing information that is consistent within the requirements and the limitations of their professional and credentialing association.
2. Personal Trainers shall preserve the confidentiality of privileged information, and shall not release such information to a third party unless the client consents to such release or release is permitted or required by law.
3. Personal Trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
4. Personal Trainers shall provide only those services for which they are qualified to give with their level of education and/or experience and by pertinent legal regulatory process.
5. Personal Trainers shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.
6. Personal Trainers shall not place financial gain above the welfare of the Client being trained and shall not participate in any arrangement that exploits the clients.
7. Personal Trainers shall never discriminate against any client based on race, creed, national origin, gender, religion, age, handicap/disability, sexual orientation or any other such legal classifications.
8. Personal Trainer and client shall maintain a direct means of communicating to allow for prompt, precise, and punctual service.

I (Client print name): _____, agree to the best of my knowledge, that I have no limiting physical conditions or disabilities that would preclude myself from participating in an exercise/activity program with a Personal Trainer at VUKA Fitness Studio.

Client's signature:

_____ Date: _____

Signature of Personal Trainer:

_____ Date: _____