

GROUP REGISTRATION

Functional Health and Fitness – www.functionalhealth.ca - (Page 2/2)

Acceptance of Terms and Conditions

In consideration of the acceptance of my membership with Functional Health and Fitness, We agree as follows:

1. We will comply with all the rules and regulations of the Functional Health and Fitness.
2. 24 hours notice must be provided to Functional Health and Fitness in the event that a client wishes to cancel a session for any reason. Functional Health and Fitness reserves the right to charge full price if this requirement is not met.
3. We agree that we will not engage any former Functional Health and Fitness personal trainers for a period of (2) two years after we cease to be a client of Functional Health and Fitness
4. We, the client, hereby acknowledge that we have carefully read and signed the attached waiver and release and understand fully that it is a release of liability of Functional Health and Fitness and agrees that such a waiver and release is reasonable and proper based on the nature of Functional Health & Fitness's business.
5. We agree that all funds paid pursuant to this contract are nonrefundable and concessions will not be made for unused sessions for any reason.
6. In the case of extenuating circumstances and the sole authority of Functional Health and Fitness, sessions unused within the above outlined time frame may be used within an extended time frame as determined by Functional Health and Fitness.

We hereby accept the terms and conditions as described above. (Initials)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Acknowledgement

We acknowledge that I have read this registration agreement in its entirety and that we have executed this registration agreement voluntarily.

Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Name of Participant	Signature of Participant	Date
Functional Health and Fitness Representative	Witness	Date