THERAPEUTIC TRAINERS PAYMENT POLICY

1. **PAYMENT POLICY:** I understand that Therapeutic Trainers Network (TTN) bills its Personal Training clients on a **PRE-PAY, MONTHLY** basis. Once my trainer and I have decided upon the type of training package I will need to purchase, payment must be made before the sessions are conducted.
2. I have the option of enrolling in the following:
    a. **PAP** option through my credit/debit card account which will be deducted from my account on the 1st of each month.
    b. A $35 fee will be charged to your account for each transaction that is returned "insufficient funds".
    c. TTN requires a **2 week notice of Cancellation** or Change to my PAP account. I will be charged an automatic $25 fee should I give less than a 2 week notice.
3. If I choose not to enroll in any of the above programs I will automatically be charged a **$25 late fee** for **payments made after the due date** on my invoice effective July 1, 2011.
4. TTN accepts Visa, MasterCard, Discover and American Express, Credit or Debit Cards, and Checks made payable to Therapeutic Trainers Network. Of course Cash is always welcomed. ☺

I have read and understand this term:_____(initial)

1. **REFUND POLICY:** I understand that all Personal Training sessions and services are **non-transferable and non-refundable**. I also understand that Gift Certificates/Cards must be **redeemed within six months** from the date of purchase. And cannot be replaced if lost or stolen, or redeemed for cash or credit.

I have read and understand this term:_____(initial)

1. **CANCELLATION & SCHEDULING POLICY:** I understand that Therapeutic Trainers Network (TTN) operates on a **Scheduled Appointment** basis for all Personal Training Sessions & Services and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I **cancel** a session with **LESS than 48** hours prior notice, I will be **charged in full** for that session.
2. I understand that TTN recommends that all cancelled sessions be rescheduled as soon as possible following cancellation to ensure consistency and fitness progress. I am required to schedule my **make-up session** with my trainer within **one month** from the cancellation date or forfeit my session. TTN does not pro-rate for missed sessions.

I have read and understand this term:_____(initial)

I have **read** this Payment Policy and **I understand** all of its terms. I **sign** it **voluntarily** and with full knowledge of its significance.

If the Client is under 18 years of age: I hereby certify that I am the **parent or legal guardian** of the client named above. I do give consent according to the terms listed above without reservations to the forgoing on behalf of him or her or them.

_____	_____	_____
CLIENT	PARENT/LEGAL GUARDIAN	TRAINER
_____	_____	_____
DATE	DATE	DATE