

Chad United LLC C.R. No. 1185532

PO Box 464 Muscat. PC 112 Tel: +968 9139 9435 info@fitnessguruoman.com www.fitnessguruoman.com

Mobile Personal Training



Send all applications to: info@fitnessguruoma	an.com
Application Date:/	
have read and agree to the FitnessGuru Oman Terms a	nd Conditions and waiver form. Yes
Name:	Phone:
Address:	Email:
PO Box:Zip Code:	Trainer:
Date of Birth:// Gender: \square M \square	F First time applying: Yes No
Emergency Contact Name: Relationship:	Phone:
What are your personal health/fitness goals:	
	
Please tick your choice of your Monthly Personal Traini	ng Package:
☐ 10 Sessions, 200/-OMR (+1 FREE session)	☐ 20 Sessions, 400/-OMR (+2 FREE Sessions)
☐ 1 adjoining Session, 5/- OMR (per person / hour)	☐ 01 Single Session, 20/-OMR (per person / hour
Session Duration: All personal training sessions are one 30 days.	hour and personal training packages are valid for
Attire: Come prepared to each training session in propants, T-shirt, sweatshirt, supportive sneakers). Participa will lose the session.	
Late Policy: Clients are responsible for arriving on-time to wait only 15 minutes. After 15 minutes, the trainer is session and the session may be lost.	

Cancellation Policy: Clients are asked to call 24 hours in advance of the scheduled training session. Client will be charged for appointments cancelled with fewer than 24 hours notice. Failure to contact your trainer will result in a session loss. Make up sessions' for missed sessions are subject to the trainer's availability.

Personal Training Package terms: All packages shall be paid in advance before the commencement of the 1st session, via bank transfer or cheque payment. We no longer accept cash! If at any time the client's account is overdue no sessions will be performed until the overdue amount is paid. All packages will auto renew once the last session have been completed, unless otherwise stipulated.

Package Expiration/Refund Policy: Individuals registered for personal training will be invoiced for the chosen training package. All personal training packages must be used and completed within thirty (30) days from the date of 1st training session or these sessions will be forfeited. All packages are nonrefundable/non-transferable and there are no refunds of unused sessions.

THANK YOU FOR YOUR APPLICATION, WE WILL PROCESS AS SOON AS POSSIBLE.

Signature:	Date:
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Overall Program Objectives and Procedures:

I understand that this physical fitness program is intended to:

- build heart and lungs(the cardio-respiratory system),
- build muscle endurance, strength, and flexibility (improving the musculoskeletal system), and
- improve body composition (decreasing body fat if needed, while increasing weight of muscle and bone).

Exercises to meet these goals may include:

- aerobic activities (treadmill workouts, running, bicycling, rowing, swimming, etc.)
- callisthenic exercises and weight lifting, and
- flexibility exercises.

Potential Risks:

I understand that the reaction of the heart, lungs, and blood vessels to exercise cannot always be predicted accurately. I know there is a risk of abnormal changes occurring during or following exercise which may include blood pressure abnormalities, or even heart attacks. I know that using weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if I fail to observe adequate warm-up, gradual progression, and safety procedures. I understand that my personal trainer shall not be liable for any damages arising from personal injuries sustained by me, the Client, during or after the personal training program. I, the Client, expressly acknowledge that I use all exercise equipment during the personal training program at my own risk. Further, I, the Client, assume full responsibility for any injuries or damages which may occur during training.

I hereby fully and forever release and discharge personal trainer (seller), its assigns and agents from all claims, demands, damages, right of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate.

I state that I have had a recent checkup and have my personal physician's approval to engage in aerobic and/or anaerobic conditioning.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

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