



## **Bethesda Project Fitness**

### **Membership Agreement**

Congratulations on your decision to participate in an exercise program! With the help of Bethesda Project Fitness, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefit. The skills and habits developed through these fitness sessions can be used for a lifetime.

In order to maximize progress, clients are encouraged to follow program recommendations during both supervised and independent training sessions. Exercise and nutrition are equally important components of long-term health and fitness success.

### **Assumption of Risk and Liability**

Every effort will be made to ensure your safety during training sessions. However, as with any exercise program, participation carries inherent risks, including but not limited to musculoskeletal injuries, cardiovascular stress, and other exercise-related complications.

By participating in training with Bethesda Project Fitness, you voluntarily assume responsibility for these risks and waive any claims for personal injury or damages arising from participation in the program.

You further acknowledge that, to the best of your knowledge, you do not have any physical condition or disability that would prevent safe participation in an exercise program unless disclosed in writing prior to participation.

By signing this agreement, you accept full responsibility for your own health and well-being and acknowledge that no responsibility is assumed by Bethesda Project Fitness beyond reasonable professional care and instruction.

### **Membership and Billing**

Bethesda Project Fitness operates on a monthly membership model designed to provide consistency, accountability, and reserved training times for clients.

Membership rates vary based on session length, training frequency, and membership level.

Monthly membership fees reserve your recurring training appointment(s) and secure priority scheduling within the schedule.

Membership payments are due monthly and will be processed through the client's selected payment method on the scheduled billing date.

A convenience fee may be added to electronic payments processed through credit cards or third-party payment processors when applicable.

**Attendance and Cancellation Policy**

Clients are asked to provide at least twelve (12) hours notice for cancellations or rescheduling requests.

Sessions cancelled with less than twelve (12) hours notice may be forfeited and may not be eligible for make-up scheduling.

Emergencies and unforeseen circumstances will be considered individually at the discretion of Bethesda Project Fitness.

Clients arriving late will receive the remaining scheduled session time unless prior arrangements have been made.

**Vacations, Illness, and Missed Sessions**

Membership fees reserve scheduled training times and therefore are not prorated due to vacations, illness, travel, work conflicts, or other missed appointments.

When scheduling permits, Bethesda Project Fitness may offer make-up sessions within the current billing cycle; however, make-up sessions are not guaranteed.

Extended medical leave or special circumstances may be addressed on a case-by-case basis.

**Scheduling**

Weekly recurring clients retain their reserved training times as long as their memberships remain active and payments remain current.

Scheduling is based upon the availability of both the client and Bethesda Project Fitness and remains at the discretion of Bethesda Project Fitness.

**Refund Policy**

Membership payments and session fees are non-refundable, including but not limited to circumstances involving relocation, illness, scheduling conflicts, or unused sessions.

**Right to Refuse Service**

Bethesda Project Fitness reserves the right to decline or discontinue services if a client is not an appropriate fit for the training environment, model, or services offered.

---

|                                          |                                       |               |
|------------------------------------------|---------------------------------------|---------------|
| _____<br>Printed Name of Participant     | _____<br>Signature of Participant     | _____<br>Date |
| _____<br>Printed Name of Parent/Guardian | _____<br>Signature of Parent/Guardian | _____<br>Date |
| _____<br>Printed Name of Witness         | _____<br>Signature of Witness         | _____<br>Date |