

## MY PLEDGE

1. I acknowledge and accept the responsibility of making a commitment to this program as it is presented to me. I am aware that it may not be easy, but my commitment is to try my very BEST!
  
2. It is my responsibility to inform my counselors, fitness advisors and/or personal trainers of any pre-existing medical conditions. This information will be kept strictly confidential.
  
3. My first goal requires a \_\_\_\_\_ -week commitment. Nothing should interfere with my progress. However, if such an event is foreseeable, my counselors, fitness advisors and/or personal trainers and I will schedule alternative dates for follow-up appointments.
  
4. I understand all guarantees are forfeited if I:
  - (a) Miss any scheduled follow-up.
  - (b) Fail to complete my Journal properly.
  - (c) Fail to disclose pre-existing medical conditions.

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor/Trainer: \_\_\_\_\_

Date: \_\_\_\_\_

## HEALTH NOTICE

This Facility and/or Personal Training Service is not a medical organization. Therefore, its staff cannot provide medical advice. This Facility and/or Personal Training Service advises you to consult with your physician while following the designed Program and encourages periodic medical check-ups.

If you are under the care of a physician, taking prescription medication, or following a diet to treat an illness or disease, you should promptly discuss this or any designed Program with your physician. This designed Program is healthy, but is not intended to treat any illness or disease.

This designed Program is not intended for women who are pregnant or nursing an infant less than six months old. Women who become pregnant, or are nursing an infant less than six months old must submit an authorization in writing from their physician to continue or enroll in this designed Program.