

Nutrition/Health Coaching Sales Agreement



Participant Information:
 Last Name _____ First Name _____ M.I. _____ Date of Birth ____/____/____
 Address _____ City _____ State ____ Zip _____
 Cell Phone Number (____) _____ - _____ Work Phone Number (____) _____ - _____
 E-mail address _____ Address Verified _____

Nutrition Counseling

	1 Session	5 Sessions
Member	\$60	\$290
Nonmember	\$70	\$335

Health Coaching

	1 hour
Member	\$50
Nonmember	\$60

Waiver and Release

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages of loss, regardless of severity that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including personal training, aerobic activities, the use of weights, number of repetitions and use of all machinery, equipment and apparatus designed for exercising shall be at my or my minor child/ward's sole risk. Notwithstanding any consultation or instruction on exercise programs, which may be provided by the Bartlett Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be by my or my minor child/ward's entire responsibility, and that the Bartlett Park District, including its officials, employees, agents and volunteers (herein collectively District) shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims my minor child/ward or I may or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the Bartlett Park District from any and all claims for injuries, damages, or loss that I or my minor/child may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the program/activity.

In the event of an emergency, I authorize the Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Please Print Name

Participant's Signature*

Date

**parent or guardian if under 18*

Date of Payment: _____

Staff Initials: _____

Amount Paid: _____