



Member Consent Form

Please read the information below carefully, print and sign your name at the bottom of this form. By signing this consent, you are either agreeing to the stipulations and requirements of the Crystal Calderoni complete personal training program or you are declining the full program and will be participating in personal training only.

I, _____, Agree to participate in the Crystal Calderoni Complete Personal Training Program for the previously agreed upon fee. I understand that I must cancel a scheduled session at least 24 hours prior to the scheduled appointment. If I fail to do this, I will forfeit the session without a refund.

I understand that the Crystal Calderoni Complete Personal Training is not a medically supervised program and that Crystal Calderoni Personal Training was developed for healthy people with no medical conditions or risks, either physical or psychological. If I have an existing medical condition, before I can begin, I will present Crystal Calderoni with a medical release form, signed and dated by my personal physician. This form represents my physicians approval to participate in the Crystal Calderoni Complete Personal Training Program. I grant my permission to Crystal Calderoni to contact my physician/ dietitian or health care professional if I require medical supervision during my participation in the program.

The Crystal Calderoni Complete Personal Training Program is designed to help participants achieve their fitness goals by altering or maintaining body composition and circumference measurements not weight loss. During the program, I should not expect to lose more than a maximum of two pounds per week.

Crystal will provide me with a computer generated printout with my fitness goals and the 5 components (Food intake, cardiorespiratory, Supplementation, Resistance Training, and professional Assistance) necessary for me to achieve my goal, which will be discussed during the first session. In addition to individualized training sessions, Crystal will monitor my progress during the first session. In addition to individualized training sessions, Crystal will monitor my progress during the program and provide me with educational materials, adjustments to my 5 components, and, if necessary, an updated computer printout to accommodate changes in my fitness goals.

Finally, I agree to read and complete all of the forms and bring them with me to the first session. I also agree to attend scheduled appointments with Crystal and comply with the 5 components program designed to assist in the achievement of my goals.

Client Signature _____ Date _____

(Print Name) _____