



## Client contract

I, \_\_\_\_\_ (Client) agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a Client of Elite Athlete Training Services, LLC (dba E.A.T.S). This includes every session scheduled between an E.A.T.S. trainer and myself.

- ◇ Client will be billed for each session trained. Client will be informed via email (address listed below), twice a month (between the 2<sup>nd</sup> and 5<sup>th</sup> and between the 16<sup>th</sup> and 20<sup>th</sup>), the amount owed for training sessions. \_\_\_\_\_ (Initials)
- ◇ 24 hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled individually). \_\_\_\_\_ (initials)
- ◇ If the client, without prior notice (at least 24 hours), misses a scheduled appointment, the client will be billed for this session. \_\_\_\_\_ (initials)
- ◇ If an E.A.T.S trainer, without prior notice (at least 24 hours), misses a scheduled appointment, then a free session will be issued to the client in the next 2-week billing period. \_\_\_\_\_ (initials)
- ◇ All payments are to be made within 15 days of receiving invoice via email by cash, check (payable to E.A.T.S) or major credit card (automatic debit or via payment link at [www.eliteathletetraining.com](http://www.eliteathletetraining.com)). A receipt can be issued upon request. \_\_\_\_\_ (initials)

*If there are any questions or concerns regarding the terms, conditions, and policies implemented by Elite Athlete Training Services, please discuss them with our representative or email [jenn@eliteathletetraining.com](mailto:jenn@eliteathletetraining.com)*

**I fully understand and agree to the terms listed above.**

\_\_\_\_\_  
*Client Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Parent or Guardians signature (if client is under 18). The person listed below is agreeing to be FINANCIALLY RESPONSIBLE for all training sessions that the client participates in as per the above agreement.**

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Email address to send invoices:** \_\_\_\_\_

