



2022 LRF Policies, Agreement & Waiver

Lisa Reed, MS, CSCS offers private and professional individualized and customized training services for all ages and fitness levels in your own home or via Zoom.

LRF Training Sessions

LRF sessions are scheduled on a first come, first serve basis with priority given to individuals signing up for a package, who have pre-paid and scheduled to secure time slot. The session packs allow you the ability to create a personalized fitness regimen thus ensuring the most efficient results and lock in your time slot for those sessions paid in advance. Consistent training is one of the first steps in transforming your body, mind, and spirit to lead a healthy and happy lifestyle.

LRF In-Home or Zoom Training Packages & Individual Sessions Policies

- Prices are per person and sessions last 50-55 minutes in length.
- Clients signing up for packages will receive scheduling priority.
- Packages are reserved on a first come first served basis.
- Time slots are only guaranteed for pre-paid packages.
- All training sessions and packages must be *paid in full prior* to the start date.
- All training sessions *must* be scheduled prior to the start of the package.
- Training sessions are not transferable.
- ***In-Home Rates include mileage within 10 miles of 34110 to your home/gym.*** Additional mileage costs will be added as follows: \$10 per session for 11-19 miles beyond the 10 mile limit, \$20, for 20-29 miles beyond the 10 mile limit.
- ***Zoom training sessions*** do not have the additional mileage fee. If there are other family member/friends joining on one online Zoom camera, there is an additional fee of \$20. Per client/per family zoom. If you are zooming from two or more locations, rates are adjusted just as if you had a partner session or small group session, etc. Lisa's Zoom ID is 261-211-0528. Password to join is LRF.
- ***Payment Options:*** Accepted forms of payment: Cash, Check, Venmo, Paypal or Square Up.

Cancellation Policy

- Rescheduling - 48 notice is required. Sessions must be rescheduled within the same week, subject to Lisa's availability. If the Lisa does not have any openings for that week, she will offer you the next available session the following week. If Lisa does not have any openings, you will forfeit that session.
- Cancellation - If less than 48-hour notice is provided your session will be considered cancelled and you will forfeit that session. No refunds will be provided. The first time there is a late cancel, it will be waived.
- Group sessions or boot camps cannot be rescheduled. If you have purchased a group session or boot camp package and cannot make the pre-determined date you will forfeit this session and remaining group will meet.

LISA REED FITNESS, LLC TRAINING PACKAGES & RATES *Prices effective 5/1/2022 and are subject to change.*

ONE-ON-ONE TRAINING	In-Home Rate	Zoom Rate	PARTNER TRAINING (Two Clients)	In-Home Rate	Zoom Rate
24 Session Pack + Must be used within 3 months	\$175. Per Session	\$160. Per Session	24 Session Pack + Must be used within 3 months	\$90. Per Session/ Per Client	\$85. Per Session/ Per Client
8 Session pack (2x per week) Must be used in 4 weeks.	\$180. Per Session	\$170. Per Session	8 Session pack (2x per week) Must be used in 4 weeks.	\$100. Per Session/ Per Client	\$90. Per Session/ Per Client

SMALL GROUP TRAINING SESSIONS (3 Clients)	In-Home Rate	Zoom Rate	GROUP TRAINING (4 Or More Clients)	In-Home Rate	Zoom Rate
4 or 8 Session Pack Must be used in 4 weeks.	\$70. Per Session/ Per Client	\$65. Per Session/ Per Client	4 or 8 session pack Must be used in 4 weeks.	\$60. Per Session/ Per Client	\$55. Per Session/ Per Client
Drop-in Session	\$75. Per Session	\$60. Per Session	Drop-in session	\$65. Per Session	\$50. Per Session

LRF 4 Week Periodized & Individually Customized Workout Plan Emailed	Program Cost
Lisa will design, assist and teach you how to perform each exercise and will guide you through a few simple movement exercises/ assessments to prep you for your workout as well as how to track your workouts on your customized card. You will also learn additional LRF activation exercises-pre and/or post workout stretches/mobility/balance/ and or any other tips/ exercises for you to maximize your results. 30 Minute phone consult is included with your plan.	\$200. For every 4 Weeks following is \$100. Per workout plan.

LRF Customized 4 Week Nutritional Guidance Plan	Program Cost
LRF Nutritional Guidance Plan will cover food intake, timing and recommended portion sizes, all dependent on your activities, health history and daily food journals. A three day food log journal is required before beginning Throughout the 4 weeks, Lisa will provide you with simple steps and answer all your questions within 24 hours.	\$500.00

Description: YouTube Video of Workout Customized Just for You!	Program Cost
One custom YouTube video workout, includes one 15 min phone call with Lisa.	\$100.00 Each

LISA REED FITNESS, LLC CLIENT WAIVER

Client Photography Consent and Release. *You do not have to initial if you do not want your photo taken.

_____ I hereby authorize LRF to publish photographs taken of me during individual and group training sessions, and my name and likeness, for use in LRF’s print, online and video-based marketing materials, as well as other LRF related publications.

_____ I hereby release and hold harmless LRF from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary. I will not receive financial compensation of any type associated with the taking or publication of such photographs or participation in LRF marketing materials or other related publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

_____ I hereby release LRF, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Client Agreement By signing this Client Agreement, you understand that Lisa Reed Fitness, LLC assumes no responsibility for your personal health. You acknowledge that you have disclosed all information regarding your health to your trainer and Lisa Reed Fitness, LLC. You further understand that our trainers are not medical professionals and cannot diagnose or treat any medical symptoms or ailments. You are encouraged to seek the advice of a medical professional prior to engaging in any physical activity.

Please Initial Below:

_____ I am physically fit and able to proceed in a fitness program with Lisa Reed Fitness, LLC.

_____ I understand that the exercise and any weight training I am about to engage in can be dangerous if I do not consult with my personal physician prior to engagement. I am aware that the usual risks, hazards and dangers of personal injury, death and/or disability and loss (collectively “damages”), necessarily increase when myself or others use heavy weights and weight training machinery while engaging in such activity. I understand that these risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience or skill, are present at the same time and using the same facilities. I also understand the importance of keeping my trainer informed of any existing or future health concerns.

_____ I have specified my package of choice and preferred weekly training days/times or I have specified that I will schedule individual sessions at the specified rate.

_____ I declare that I have read and agreed with the Lisa Reed Fitness, LLC policies regarding payment and cancellations.

_____ Having read the policies, I understand that my package and/or individual sessions are non-transferrable and that all packages expire.

_____ Sessions are not refundable and a 48-hours advanced notice is required to cancel or reschedule all sessions.

_____ I have read, initialed, and signed this Client Agreement with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this Client Agreement.

Signature: _____ Print Name: _____ Date: _____

Birthdate: _____ Contact Email: _____ Cell Phone: _____

Address: _____ City / State / Zip _____

Emergency Contact Person: _____ Phone: _____