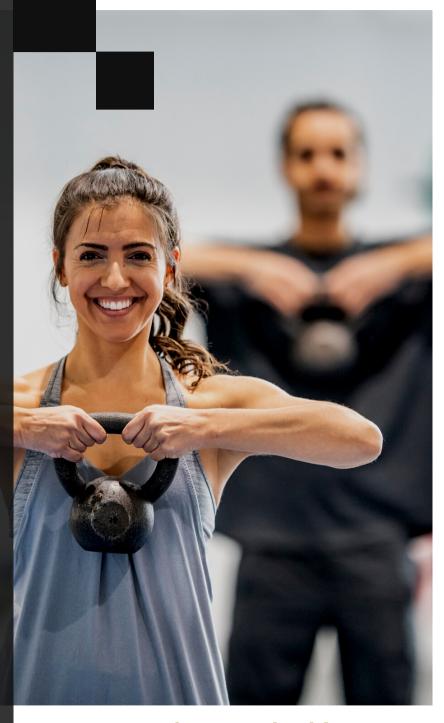




# let's get moving

## ADVANTAGEHEALTH PERSONAL TRAINING

TRAINING BENEFITS Personal training has many benefits which include weight loss, increased muscular strength and decreased cholesterol and blood pressure. While many only consider these benefits, personal training offers a multitude of other benefits such as: learning new exercises to incorporate into your own workouts, knowledge of safe and efficient techniques, building effective workouts, and breaking through plateaus.



www.advanteagehealth.com 8011 34th Avenue South Suite 216 Bloomington, MN 612-823-4470

## INDIVIDUAL AND GROUP TRAINING SERVICES

#### **OUR SPECIALTIES**

Strength Training | Cardio Training | Weight Loss | General Fitness



#### MONTHLY SESSIONS

Monthly training allows you to create a consistent schedule that makes YOU and your GOALS a priority. In addition to many other benefits, consistent monthly training will enable you to build a good fitness base, ingrain working out as a habit, reduces injury risks, and provide yourself with a regular mental boost. Sessions expire on the subscription renewal date.



#### SINGLE SESSIONS

Whether you're a bigger or seasoned athlete, our professionally trained staff can customize a program based on your needs. You can purchase as many sessions as you need to meet your specific goals. Depending on the number of sessions purchased, sessions will expire three to six months from purchase date.



#### INDIVIDUAL TRAINING PLAN

If you're looking to jump-start your fitness routine or are training for a specific goal, try our Individualized Training Plan!

- Individual Training plans include:
  - 30-Minute Consultation to talk about your overall fitness goals.
  - Customized 4–6-week fitness plan.
  - A 45-minute session with your trainer to go over your fitness plan.



#### **GROUP TRAINING**

Groups of 2-4

Add additional motivation and accountability to your routine with Group Personal Training. Building group training sessions into your weekly workout routine will give you a structured foundation from which to build strength, lose weight or tone your body. Just like one-on-one personal training, group training sessions hold you accountable for turning up and putting 100% effort into your workout.

#### **MONTHLY SESSIONS**

	8 sessions	12 Sessions	16 Sessions
30 Minutes	\$264	\$396	<b>\$</b> 528
45 Minutes	\$400	\$600	\$800

#### SINGLE SESSIONS

Session Length	Cost
30 Minutes	\$37
45 Minutes	\$55
60 Minutes	\$70

#### INDIVIDUAL TRAINING PLAN - \$95

### MONTHLY SESSIONS

	8 sessions		16 Sessions	
30 Minutes	\$208	\$312	\$416	
45 Minutes	\$312 \$468		\$624	

### SINGLE SESSIONS

Session Length	Cost
30 Minutes	\$26
45 Minutes	\$39
60 Minutes	\$49

GROUP TRAINING
\*2-4 PARTICIPANTS

<sup>\*</sup>PRICES LISTED ARE PER PERSON

Name:	Date:	Date of birth:
Training History		AdvantageHealth
1. Have you used a personal trainer in the past? (circle one) Yes/No		
2. What are you looking to gain from your training sessions?		
3. What day(s) of the week and time(s) of the day work best for you to compl	ete your training sessions?	
Physical Activity		
1. Do you engage in any forms of regular physical activity? (circle one) Yes/N	lo	
If yes, describe:		
List sports or activities you participate in:		
2. Have you ever experienced any injuries that may limit your physical activity		
If yes, describe:		
3. Do you have any physical activity restrictions? If so, please list:		
Motivation		
1. How motivated are you to begin or continue your fitness journey? (circle or	ne, 1-not motivated, 10-extremely motivated) 1 2	3 4 5 6 7 8 9 10
2. What is the biggest motivation behind attaining a higher fitness level?		
3. Do you have any specific fitness-related goals? (circle one) Yes/No If yes,	please list them in order of importance	
Medical Information		
1. How would you describe your present state of health?	Healthy Unhealthy	
2. Please list any medical conditions and/or medications that may impact phy	vsical activity, and list any important information	about your condition:

## **TRAINING AGREEMENT**

	Monthly Training				
	I acknowledge that my credit card				
	on a recurring basis for my Monthl	•	•	•	
	date, no refunds, credits, or exchar	•	•		
	Corporation to charge my account	t for my monthly tra	aining services, ar	ny purchased services,	and rees.
	Single Sessions				
	Session Length Numb	oer of Sessions			
	Appointment Cancellation ning appointment. AdvantageHealth given. Trainers and clients schedule	n reserves the right	to retain 100% o		
Day	Day Money Back Guarantee ning experience within the first 15 da Money Back Guarantee, sessions a th Club Member.	ays, a full refund is g	given with a writt	en or e-mail cancellati	ion. After the 15
	Expiration Date of Training e will be a 3-month expiration from month expiration from the date of	the date of purchas	e. If you purchase	8 sessions or 12 session	ns, there will be
	: <b>Session:</b> The majority of a client's er. This consultation is designed to s				
	ical Release: After reviewing a cl rmined that a medical release is req				ults, it may be
com heal any	rcise Safety: The client certifies that plete to the best of their knowledge the which might affect my ability to essions, and if any unusual symptes to participate in any activity that the	e. It is the client's re exercise safely, as w toms occur, to disc	sponsibility to no ell as monitor the ontinue activity a	tify the trainer of any or Fir own physical condited and notify the trainer.	changes in their ion throughout The client can
Tow	<b>Waiver</b> : I acknowledge I have signed a Waiver of Liability and Hold Harmless agreement when I joined the Capella Tower Health Club and understand the inherent risks in participating in a program of strenuous exercise including but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.				
Outs	side Personal Trainers: No outside tr	rainers or coaches a	re allowed to use	the facilities.	
	uation: Once you have completed rmine quality of the services rendered			d to complete a brie	f evaluation to
	tify that I have fully read and under ents herein. I assume all risk for my nd.				
Clie	nt Name (printed)				
Staf	ff	7	Location		
Clia	nt Signature				