



Training Agreement For Custom Training Programs

Client Name:	Date:	
Address:		
City:	State:	Zip code:
Phone (day):	Phone (evening):	
E-mail:	Fax:	

CONTRACT AND WAIVER

By my signature below, I hereby recognize and acknowledge that Camelback Coaching, LLC and all of its independent contractors, employees, representatives, associates, volunteers, members, and officials (collectively, "Camelback") do not carry any special health and/or hospital insurance that would sustain/cover any accidental injury while participating in any of Camelback's training programs and/or activities. I acknowledge that sports training and racing are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I hereby assume all risks and possible costs associated with participating in the training and other activities recommended by Camelback, and further, I do for myself, my heirs, and personal representatives hereby defend, hold-harmless, indemnify, release and forever discharge Camelback for, from, and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation, and which result from causes beyond the control of, and with or without fault or with or without negligence of Camelback, during the period of my participation as aforesaid. I certify that I am sufficiently physically healthy for participation in this program and have not been advised against participation by a qualified health professional. I have read, understood, filled out, and signed, the Camelback Health History and Waiver form. I acknowledge and accept the risks associated with rigorous physical training. I waive, release and discharge from any and all claims on losses or liabilities of death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic loss, which may in the future arise out of or related to my participation in this training program. By signing below, I hereby acknowledge that I have carefully read and understand completely the above agreement. These terms constitute the full agreement between you and Camelback and no oral promises are made part of it.

Type of Program

Customized Training Program	\$150/4-week cycle
Total Immersion Swim Package	\$495
Gold Medal Package	\$645 – subsequent training plans at 4-week cost above
Run Right Package	\$275 – subsequent training plans at 4-week cost above

We accept all major credit cards, checks made out to Camelback Coaching, or cash.

Important Details

1. Payments for subsequent training plans will be due during the last week of your current 4-week training cycle. This will ensure timely delivery of your next month's training plan. Upon receipt of payment, you will receive the next installment to your training plan within 48 hours. Please understand that we cannot send you your training plan until we receive your payment.
2. Payment for one-on-one sessions is due prior to service.
3. You must fill out and sign a separate health history and waiver form.
4. Customized training programs are for the exclusive use of the client. They are not to be shared with any other individual.
5. You may have unlimited e-mail and phone contact with us.

Your Signature below denotes that you have read, understood without question whatsoever and agree to the above waiver and service contract.

Client Signature: _____ Date _____

Coach Signature: _____ Date _____