

5AMFIT-EXPRESS MEMBERSHIP AGREEMENT

between:

Name: Surname:

Telefon (privat): Mobile:

Email:

Address:
.....

and P3 Patricia Stoll Coachfit at Schwarzacker

hereby register for 5AmFit-express membership until I cancel:
(45min morning sessions)

Tuesdays + Fridays 5:15 - 6:00

Cancellatio Policy:

Medical or emergency: In case of a sudden illness, accidents or injury no refunds will be made, however the remaining training sessions for the month can be freezed for a period of 12 months. The sessions will be automatically forfeited. when sessions are not made up between this period.

*****:** The 5AmFit-express Training is conducted to the best of our knowledge and ability. Whether the training is compatible with your respective physical and mental condition is your own responsibility, and if necessary, we recommend seeking expert medical advice. P3 Patricia Stoll Coachfit cannot assume liability for any bodily or health-related damages. Furthermore, please note that P3 Patricia Stoll Coachfit cannot be held responsible for the loss of valuables. We are always committed to providing you with a safe and enjoyable Training experience and are available to address any questions or concerns you may have. Your well-being is our top priority.

By signing I Agree and certify that I have read and understand the Terms and conditions in this contract and will comply with the contents herein. I agree to pay for 5AmFit-express membership monthly as set forth by the provision of this membership agreement. I also acknowledge my receipt of a completed copy of the membership agreement this theday of

Date Signature: Client Personal Trainer

Latschrift
Ermächtigung zum Einzug von Forderungen durch Lastschriften
SEPA-Lastschriftmandat für SEPA-Basislastschriften
(Mandat für wiederkehrende Zahlungen)

Gläubiger-Identifikationsnummer:
DE30 ZZZ 00001173517
Mandatsreferenz: _ _ _ _ _
(for Personal-Trainer only)

I, authorize payment of 85, € to be debited
from my account. Bank Name.....

IBAN _ _ _ _ _

BIC _ _ _ _ _ Bank _____

Date Signature: Client Personal Trainer

Certainly, here is a sample cancellation policy contract for yoga sessions. Please note that you should consult with legal counsel to ensure it complies with local regulations and meets your specific needs:

****Yoga Session Cancellation Policy****

****Effective Date: [Insert Date]****

****1. Cancellation Policy Overview:****

This Cancellation Policy (hereinafter referred to as the “Policy”) is established to govern the cancellation of yoga sessions provided by [Your Yoga Studio Name] (hereinafter referred to as the “Studio”). This Policy applies to all clients or participants (hereinafter referred to as “Clients”) who have registered for and booked yoga sessions with the Studio.

****2. Cancellation Procedures:****

- a. Clients are required to provide notice of any session cancellation as soon as possible by contacting the Studio directly.

- b. The Studio reserves the right to modify or cancel any scheduled sessions due to unforeseen circumstances or instructor unavailability. In such cases, Clients will be notified promptly, and alternative arrangements will be made whenever possible.

****3. Cancellation Fees and Refunds:****

- a. Regular Cancellation: Clients may cancel a scheduled yoga session without incurring any fees by providing a minimum of [Insert Number] hours of notice before the scheduled session start time.

- b. Late Cancellation: If Clients cancel a session with less than [Insert Number] hours of notice, they may be subject to a cancellation fee equivalent to the full session fee.

- c. No-Show Policy: If a Client fails to show up for a scheduled ses-

c. No-Show Policy: If a Client fails to show up for a scheduled session without providing prior notice, they will be charged the full session fee, and no refund will be provided.

d. Refunds: In the event of a late cancellation or a no-show, the Studio will not provide refunds for the missed session.

****4. Medical or Emergency Exceptions:****

a. In the case of a sudden illness, injury, or emergency that prevents a Client from attending a scheduled session, the Studio may consider exceptions to the cancellation fees. Documentation such as a medical certificate or other verifiable proof may be required.

b. In such cases, the Studio may offer the Client the option to re-schedule the session or issue a credit for future sessions.

****5. Session Expiry and Extensions:****

a. Any unused sessions will expire [Insert Expiry Period] months from the date of purchase.

b. Extensions may be granted on a case-by-case basis, subject to the discretion of the Studio and availability.

****6. Termination of Membership or Package:****

a. Clients who consistently violate this Cancellation Policy may face termination of their membership or package with the Studio.

****7. Changes to the Policy:****

The Studio reserves the right to make changes or amendments to this Cancellation Policy with or without prior notice. Any modifications will be posted on the Studio's website or communicated directly to Clients.

By scheduling and attending sessions with the Studio, Clients acknowledge their understanding and agreement to comply with this Cancellation Policy.

****7. Changes to the Policy:****

The Studio reserves the right to make changes or amendments to this Cancellation Policy with or without prior notice. Any modifications will be posted on the Studio's website or communicated directly to Clients.

By scheduling and attending sessions with the Studio, Clients acknowledge their understanding and agreement to comply with this Cancellation Policy.

****Client's Signature: _____ Date: _____**

****Studio Representative's Signature: _____**
Date: _____**

Please customize this contract to meet the specific needs and policies of your yoga studio, and be sure to seek legal advice to ensure compliance with local laws and regulations.