

## Training Agreement For Triathlon, Duathlon, and Running 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 Breakaway Training and all of its employees, representatives, associates, volunteers, members, and officials do not carry any special health and/or hospital insurance that would sustain/cover any accidental injury while participating in any of Breakaway 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 Breakaway Training, and further, I do for myself, my heirs, and personal representatives hereby defend, hold-harmless, indemnify, release and forever discharge all of Breakaway Training officer, agents, and employees 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 Breakaway Training, its officers, agents, or employees, 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 Breakaway Training 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 Breakaway Training and no oral promises are made part of it.

### Type of Program

1 Month Personalized Training Program (4 Weeks)	\$140
3 Months Personalized Training Program (12 Weeks)	\$400
6 Months Personalized Training Program (24 Weeks)	\$750
12 Months Personalized Training Program (1 Year)	\$1400
Elite Training Program (Minimum commitment of 6 months)	\$300 per month

I am enclosing a check in the amount of \$\_\_\_\_\_. (Please make checks payable to **Breakaway Training.**)

### Important Details

1. Payments for subsequent training plans will be due during the last week of your current 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. The fees for the current training plan are non-refundable.
3. Payment for one-on-one sessions is due prior to service.
4. Customized training programs are for the exclusive use of the client. They are not to be shared with any other individual.
5. You shall initiate all phone calls and e-mails. You may have unlimited e-mail and phone contact with us.
6. Checks should be made payable to **Breakaway Training** and mailed to **8448 Via Sonoma #99, La Jolla, Ca 92037.**

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 \_\_\_\_\_

For questions or for scheduling issues, please call Felipe (858) 361-0761 or Luke (858) 231-5267, or e-mail breakawaytraining@gmail.com