



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 Camelback Coaching, LLC ("Camelback") 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 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 all of Camelback's officers, 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 Camelback, 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 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

Running Customized Training Program	\$150/4-week cycle
Duathlon Customized Training Program	\$175/4-week cycle
Triathlon Customized Training Program	\$200/4-week cycle
Gold Medal Triathlon Package	\$695/4-week cycle
Total Immersion Swim-Only Package	\$495/4-week cycle
Swim Improvement Triathlon Package	\$445/4-week cycle
Run Right Package	\$275/4-week cycle

One-time registration fee: \$100 (except for packages)

I am enclosing a check/cash in the amount of \$_____. (Please make checks payable to **Camelback Coaching**.)

I am making a credit card payment in the amount of \$_____.

Important Details

1. The one-time registration fee covers the cost of your initial consultation and the initial program design fees.
2. 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.
3. The one-time registration fee and the fee for the current 4-week training plan are non-refundable.
4. Payment for one-on-one sessions is due prior to service.
5. You must fill out and sign a separate health history and waiver form.
6. Customized training programs are for the exclusive use of the client. They are not to be shared with any other individual.
7. You shall initiate all phone calls and e-mails. You may have unlimited e-mail and phone contact with us.
8. Checks should be made payable to **Camelback Coaching** and mailed to **7227 E. Shea Blvd, Suite B, Scottsdale, AZ 85260**.

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 _____