

24 Prescott Street
PO BOX 359
Kemptville ON K0G 1J0



Phone: 613.258.4001
vitalityfitness@bellnet.ca
www.vitalityfitnessstraining.com

Pre-authorized Debit (PAD) Agreement

Please complete the Pre-authorized Debit (PAD) Plan agreement below.

I authorize *Vitality Fitness Training Inc.*, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my *Vitality Fitness Training Inc.* account(s). Regular monthly payments for the full amount of services delivered will be debited to my specified account on the **15th day of each month**. *Vitality Fitness Training* will obtain my authorization for any other one-time or sporadic debits.

This authority is to remain in effect until *Vitality Fitness Training Inc.* has received written notification from me of its change or termination. We **WILL NOT RENEW** your contract without a new agreement. This notification must be received at least **ten (10) business days** before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. Cancelling the PAD Agreement does not affect the obligations between myself and *Vitality Fitness Training Inc.* under any broader contract for services.

Vitality Fitness Training Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Full Name of Member (please print): _____ Type of Service: Business

Amount to be debited on a regular monthly basis: \$ _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone Number: (Home) _____ (Work) _____

Financial Institution (FI): _____

FI Account No.: _____ FI Transit Number: _____ - _____
(Branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Full Name of Account Holder (please print): _____

Signature of Authorized Account Holder: _____

Vitality Fitness Training Inc.
24 Prescott Street, P.O. Box 359
Kemptville, Ontario K0G 1J0
Tel.: 613 258-4001
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PAR-Q and YOU

The Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check yes or no opposite each question.

If you answer YES to one or more questions...

You need to get written medical clearance from your physician before we can accept you as a client.

If you answer NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for exercise.

YES	NO	Question
1. <input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said you have heart trouble?
2. <input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have pains in your heart and chest?
3. <input type="checkbox"/>	<input type="checkbox"/>	Do you often feel faint or have spells of severe dizziness?
4. <input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever said your blood pressure was too high?
5. <input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse, with exercise?
6. <input type="checkbox"/>	<input type="checkbox"/>	Is there a good physical reason, not mentioned here, why you should not follow an activity program, even if you wanted to?
7. <input type="checkbox"/>	<input type="checkbox"/>	Are you over age 65 AND not accustomed to vigorous exercise?

Full Name (*please print*)

Date

Signature