

Healy's Health

ABN 50-711-604-560

Refunds, Drop-out of Programme Policy.

- 1. No refunds on any Personal Training Plan**
Personal Training package is valid for 6 months only if stopped for any reason thereafter it has expired if not used.
- 2. 12 week Transformational packages are paid minimum**
4 weeks in advance over 3 payments (as normal practice)
All payments are IN ADVANCE minimum 4 weeks .
- 3. Failing to turn up for appointment or late by 15 minutes**
Appointment cancelled and session void with no credit
- 4. Reminder SMS day before and on the day .**
Agreed Appointments are reconfirmed day before and on the day
Client is required to respond promptly ,if a sms or reconfirmation is not acknowledged APPOINTMENT will be cancelled and NOT CREDITED
- 5. VALID REASON TO MISS APPOINTMENT**
If there is a valid reason to miss an appointment /session and reasonable notice time is given (Minimum the day before)
then that session/appointment is CREDITED and client DOES NOT lose that session .
(communication is the key here as everybody has busy schedules to keep)
- 6. INJURY,SICKNESS or situations out of normal control of Client.**
Usually a credit for the session/appointment granted if sufficient notice is given prior (see para 5,4) 6 months time limit always applies (para 1)
- 7. Diet Nutrition and what happens other then at training sessions?**
90% of all results is reflections of diet & Nutrition on the 24 hour cycle in-between exercise bouts so Healys Health can advise, but it is up to the individual client to APPLY the advise . We recommend Healys Health Urban Muscle Supplements to control the total calorie input while you train and facilitate faster metabolism and a system that will firm muscle and lose body fat naturally with TGA approved products.
- 8. Body fat Analysis and reviews.** Conducted every 4 weeks if required to make Measurable results and progress definable along the journey (This will take one half to an hour normally and is marked off on the session count) or paid separately by Client. (Normally \$50) if paid separately.

Please Initial each paragraph and Sign and Date Policy document.

Name : _____ date : ____/____/____
(printed)

Signature: _____