

Personal Training Assumption of Risk, Contract/Agreement, and Registration

Congratulations on your decision to participate in our personal training program! With the help of your personal trainer, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The details of these training sessions can be used for a lifetime.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. During your exercise program, every effort will be made to assure your safety. However as with any exercise program, there are risks, including but not limited to, increased heart stress and the chance of musculoskeletal injuries. In choosing to participate in this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

If you are purchasing a 10 or 15 session package you will receive a fitness assessment at the beginning and end of your personal training package. The assessment will include the following measurements and tests: (1) Resting heart rate, (2) blood pressure, (3) body composition and girth measurements, (4) maximal or estimated 1-repetition maximum bench press and leg press, (5) maximum push-ups and curl-ups, (6) cardiovascular fitness, (7) sit and reach, and (8) a functional mobility/stability screening. These tests are performed to evaluate the following areas of physical fitness: (a) body composition, (b) muscular strength/muscular endurance, (c) cardio respiratory endurance, and (d) flexibility.

The most physically demanding tests are the cardio respiratory and muscular strength/muscular endurance tests. The cardio respiratory test consists of either walking/jogging a mile or stepping up and down from a 12-inch high bench for 3 minutes. The purpose is to examine your heart rate response to sub maximal exercise and recovery periods. The muscular strength tests are a 1-10 repetition maximum on a bench press and leg press machine and the muscular endurance tests are the maximum number of curl-ups and push-ups performed to exhaustion. Muscular fatigue may be experienced during or after these tests. Complications have been few during exercise tests, especially those of a sub maximal nature. If the person exercising is not tolerating the test well, it is stopped. Also, risk of injury getting on or off exercise equipment is possible but rare.

A physician's examination is recommended for (1) all participants with any exercise restrictions; and (2) all men >45 years old and all women >55 years old. All personal training participants including those in either or both of these categories who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge and understand that no responsibility is assumed by Texas A&M University, the Department of Recreational Sports, and the leaders of this program.

Please place an X next to any of the ACSM's coronary artery disease risk factors that pertain to you. I understand that the Department of Recreational Sports requires medical clearance for anyone with more than one of the following risk factors.

- _____ **Family History:** Myocardial infarction (heart attack), coronary revascularization, or sudden death before 55 years of age in father or other male first-degree relative (i.e., brother, son), or before 65 years of age in mother or other female first-degree relative (i.e., sister, daughter)
- _____ **Cigarette Smoking:** Current cigarette smokers or those who quit within the previous six months
- _____ **Hypertension:** Systolic blood pressure greater of >140 mmHg or diastolic >90 mmHg, confirmed by measurements on at least 2 separate occasions, or on anti-hypertensive medication
- _____ **Hypercholesterolemia:** Total serum cholesterol greater than 200mg/dl or high-density lipoprotein cholesterol of <35 mg/dl, or on lipid-lowering medication.
- _____ **Impaired Fasting Glucose (diabetes mellitus):** Fasting blood glucose of >110 mg/dl confirmed by measurements on at least 2 separate occasions
- _____ **Obesity:** Body Mass Index of >30 kg/m² or waist girth of >100 cm
- _____ **Sedentary Lifestyle:** Persons not participating in a regular exercise program or meeting the minimal physical activity recommendations from the U.S. Surgeon General's report (accumulating 30 minutes or more of moderate physical activity on most days of the week)
- _____ **I have none of the above listed Risk Factors**

If you checked more than one of the risk factors above your physician must fill out and sign the Physician's Approval form located in the new client packet (packets can be obtained at the Member Services desk) prior to beginning your training sessions.

By signing below I verify that I have read the all of the above statements and the information I have provided is accurate.

Signature: _____

Date: _____

Printed Name: _____

Gender: Female Male

UIN #: _____

Address: _____

Date of Birth: _____ (age) _____

Phone: _____

Are You a Repeat Client? Yes / No

E-Mail: _____

Previous Trainer's Name: _____

Selected Personal Training Package(s)

Individual Client Sessions One client working with one trainer	Partner Sessions – 2 people maximum Two clients working with one trainer
____ 3 Sessions for \$90.00	____ 3 Sessions for \$145.00
____ 5 Sessions for \$140.00	____ 5 Sessions for \$210.00
____ 10 Sessions for \$245.00 (includes fitness assessments)	____ 10 Sessions for \$370.00 (includes fitness assessments)
____ 15 Sessions for \$345.00 (includes fitness assessments)	____ 15 Sessions for \$490.00 (includes fitness assessments)

Payment Type: Cash Check Credit Card Gift Card

Trainer Selection

Please print the names of two trainers in order of preference, in case your #1 selection is unavailable to take on more clients at this time. If applicable, please print legibly your partner's name. Note: Both partners must fill out one of these forms.

Trainer's Name (#1 choice): _____ Trainer's Name (#2 choice): _____

Partner's Name If Applicable: _____

Please indicate below your preferred days and times in which you would like your training sessions to take place

Mondays: _____ Tuesdays: _____ Wednesdays: _____ Thursdays: _____

Fridays: _____ Saturdays: _____ Sundays: _____

Personal Training Terms and Conditions

1. All clients must complete the following during registration prior to starting their training sessions: PAR-Q and You, Health History Form, Exercise History and Attitude Questionnaire, and when applicable a Physician's Approval Form.
2. In the instance that neither of the trainers that you indicated above are available, another trainer will be assigned to work with you during your personal training sessions.
3. Personal Training sessions that are not rescheduled or cancelled 24 hours in advance by the client will result in forfeiture of the session.
4. If the client arrives more than 15 minutes late for the scheduled appointment, forfeiture of the session will result and the personal trainer has the right to leave the premises.
5. Sessions are one hour in length, and the hour begins at the scheduled meeting time.
6. It is recommended that all program participants work with their personal trainer at least 2-3 times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.
7. All Personal Training sessions must be held in the Student Recreation Center.
8. The expiration policy requires completion of all personal training sessions within the number of weeks equivalent to the number of sessions purchased. Personal training sessions are void after this time period.
9. Refunds will be given if submitted within five business days of purchase with receipt only. Exception – No refunds will be issued once the first session with your trainer has been scheduled.

By signing below I verify that I have read the all of the above information and agree to the terms indicated

Signature: _____

Date: _____

Printed Name: _____

To assist us with annual reports on program demographics, the following information is useful to the Department but is not a requirement for participation in the Personal Training Program.

Circle One: Student Faculty/Staff Spouse Community

If Student, what classification: FR SO JR SR GRAD PHD

Major or Department: _____

Ethnicity: Anglo Hispanic Native American Asian American Pacific Islander African American

Other _____

How did you find out about the personal training program: Flyers Battalion Ad Bus Ad Posters/Banners

Referral Other _____

Member Services Employee Name: _____