

OwlFit Personal Training Packet

Thank you for making a commitment to your health and wellness through Personal Training! Our goal is to help educate our patrons so that they may exercise safely and effectively for life. Pages 1-3 are for your records.

Personal Training Sessions: Getting Started

- Prior to paying, scheduling, and implementing Personal Training (PT) sessions, patrons must complete this packet and return it to the Administration Office Suites, room 1101, of the Department of Sports and Recreation on the Kennesaw Campus.
- The packet will undergo an initial screening to ensure medical clearance is not needed, and then payment will be received. You will be contacted within 5-7 business days regarding your first personal training appointment. If the Personal Training staff determines you need medical clearance, your file will be put on hold for 4 weeks and you will be notified via email until you receive medical clearance.
- Patrons may be required to complete and return a Medical Clearance form if he or she checks “Yes” to any questions on the PAR-Q Questionnaire or at the discretion of his or her personal trainer. The personal trainer may request a Medical Clearance form if he or she feels it is the best interest for the patron. This form must be completed PRIOR to scheduling or purchasing any training sessions. It is available in the Dept. of Sports and Recreation main office and website.
- PT packets are located in the Dept. of Sports and Recreation Administration Office Suites on the Kennesaw Campus and the front desk of the Recreation and Wellness Center on the Marietta Campus.
- Patrons must undergo an OwlFit assessment and consultation before beginning the first training session. The assessment will be your first appointment and included in the cost of purchasing a package. These assessments will last 1 and a half to 2 hours.
- No Refunds will be given except in extreme circumstances. For example: termination of employment, formal leave of absence, changes in medical condition leading to physical limitations. Must provide proper documentation.
- If in the event a patron schedules PT sessions and it is found that he or she is not eligible for any of the reasons outlined in this packet (for example: patron is a non-member, did not submit the required Medical Clearance, or submitted missing and/or incomplete paperwork), the Personal Trainer will not be able to train with the patron and the sessions will be forfeited.
- If the patron's eligibility status and/or medical status changes for any reason, it is the responsibility of the patron to notify the Dept. of Sports and Recreation and provide any required supporting documentation in writing 3-5 business days after change.
- At the end of each semester, incomplete packets will be shredded and discarded.
- Personal Training is available for both campuses. You must select the Marietta Campus or the Kennesaw Campus in the packet. You will not be able to train at both simultaneously. If for any reason, you wish to change campuses, you must notify the Personal Training Staff at least 7 days prior to the appointment.
- A patron will be given a personal trainer based on goals and availability. The patron may request a personal trainer.
- During the first week of each semester, no personal training sessions will occur. Personal Trainers will be scheduled for certain time blocks on the floor of the Recreational Facilities, available to answer any questions.

Personal Training Sessions: General Information

- All KSU affiliates including students, alumni, faculty, and staff are available to register for personal training. In order to participate in the program they must be a valid member of the Department of Sports and Recreation Recreational Facilities.
- In order to receive student pricing, students must be taking the appropriate amount of hours in to which the student recreation fee is paid.
- It is recommended that patrons schedule at least 1 appointment per week to get the entire benefit of the program.
- Patrons are expected to bring his or her KSU ID or membership pass to EVERY appointment.
- Personal Trainers schedule all PT Sessions. The personal trainers will contact the patron as soon as they receive the patrons's packet to schedule the OwlFit Assessment within 5-7 business days upon packet submission.
- PT sessions are non-transferable, may not be traded or given to other clients, and may not be accumulated.

- Sessions not used after a period of 6 months to purchase, will be forfeited.
- If partner training is purchased, patrons must train with their partner at every session.
- Patrons who purchase individual sessions may not participate in a session with another individual.
- A participant may request a specific Personal Trainer, which will be given top priority, unless the personal trainer is no longer available to take clients.
- If a patron is 15 minutes or less late, the session will only last until the end of the scheduled time. For example, if a session starts at 3:00pm and the patron arrives at 3:15pm the session will only last till 4:00pm.
- If a patron is more than 15 minutes late, the session will be considered a “no show” and the Personal Trainer will be under no obligation to train with the patron (see section on changes, cancellations, and no shows).
- All information regarding each patron’s program and progress will be kept confidential and remain in our client files for 3 years following the cessation of participation in the program. Personal Trainers are required to adhere to HIPAA guidelines (visit www.hhs.gov/ocr/privacy/ for more information) to protect any vital health information given.
- At the completion of every semester and/or at the cessation of involvement with the PT program, patrons will have the opportunity to provide feedback.
- When sessions are complete, patrons may purchase additional training packages through the Administration Suites Office of the Dept. of Sports and Recreation without the need of an OwlFit Assessment, if they have completed the OwlFit Assessment within one year of session purchase.
- It is recommended that you perform a follow up OwlFit assessment following completion of session’s package. This can be registered through the Administration Office suites, room 1101, of the Kennesaw Campus Department of Sports and Recreation Facility.
- Program guidelines are subject to change each semester. When possible, the Dept. of Sports and Recreation will notify existing patrons via email and will publicize changes on its website. It is the responsibility of the patrons to become familiar with program changes.

Personal Training: Changes, Cancellations, and No Show

- We understand that occasionally situations arise which warrant the need to make changes and ask that patrons make a good faith attempt to notify the Dept. of Sports and Recreation personal training staff as soon as possible of changes by calling the Personal Training office line at 470-578-2576.
- If calling the Personal Training office outside of operating hours or no response is received, please let a detailed message.
- Any cancellation received outside of business operating hours will be documented as an 8AM cancellation on the following business day that the office is open. Business operating hours: Monday-Friday, 8AM-5PM. For example, if a patron cancels an appointment at 5PM on a Saturday, the appointment will be documented as received at 8AM on Monday morning.
- Patrons may file a session forfeit protest form only in those cases of an extreme emergency (ex: Hospitalization). Documentation will be required at the time the protest form is submitted (resubmissions will not be accepted). If in the case an exception is determined, all other penalties will apply. PT session forfeit protest forms are available in the Personal Training Office.
- Protest forms will only be accepted for up to 30 days after the charge has posted to the patron’s banner account.
- The following are considered changes to an appointment (refers to both Training and OwlFit Assessments):
 - Rescheduling an appointment
 - Cancellation of an appointment
 - No show appointments

If changing appointments with 24-hour or more notice (including request to reschedule):

- Patrons will be able to change appointments over 24 hours with no charge. *If all sessions purchased are not used within 6 months they will be forfeited.

If changing appointments with less than 24-hour notice (this includes no show appointments):

- If patron cancels under 24 hours, the session will be docked from the purchased package. If there is an emergency, the client must provide proper documentation. The personal trainers make the final decision to dock sessions, so contact the trainers in a timely manner.

Personal Training: OwlFit Assessment Preparation Guide:

- Wear comfortable shoes, and comfortable, flexible clothing. This can include short sleeve shirts or a tank top. Athletic shorts that gives access to the thigh.
- Bring planner, so that you are able to schedule further appointments with your Personal Trainer.
- The patron will undergo different aspects of fitness assessment including:
 - Blood Pressure/Heart Rate
 - Height
 - Weight
 - Body Fat %
 - Body Imaging
 - Muscular Strength and Muscular Endurance
 - Flexibility
 - Cardiovascular Endurance
- Do not eat at least two hours prior to the test.
- Do not drink caffeine at least four hours prior to the test.
- Do not drink alcohol at least twelve hours prior to the test.
- Do not smoke two hours prior to the test.
- Take all regular medications prescribed.

PERSONAL TRAINING REGISTRATION

Please Print Clearly

Name: _____
(Last) (First) (MI)

Today's Date: ____/____/____
(Month) (Day) (Year)

Date of Birth: ____/____/____ KSU ID # _____
(Month) (Day) (Year)

Male Female

Email: _____ Phone: _____

Local Address _____ Apt # _____

City _____ State _____ Zip _____

Have you participated in our personal training program before? Yes No

If yes, approximately when was your last appointment? _____

Emergency Contact Name _____	Relation to You _____
Emergency Contact's Phone (primary) _____	Secondary Phone _____

Participation in any activity within the Department of Sports and Recreation facilities is at the sole discretion and judgment of the member and at his or her own risk.

- I, the undersigned, have received the Personal Training packet, policies and conduct of training sessions and understand there are limitations to my participation as outlined in the Personal Training packet.
- I, the undersigned, certify that the information I have given in this packet is complete and accurate.
- I, the undersigned, certify that I understand the changes, cancellation, and no show policy given in this packet.
- I, the undersigned, certify that I am at least 18 years old and have read and understood the conditions of my participation in this program.

Applicant's Signature _____ Date _____

Parent Signature _____ Date _____
(If under 18 years of age)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

**If
you
answered**

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Medical/Health History Status

Information you provide is personal and confidential. The information will enable us to better understand you and your health and fitness habits, as well as inform you of any potential risks. Please consult your physician before beginning any type of exercise program.

NAME _____ ID _____ DATE ____/____/____

Address: _____

City, State Zip: _____

Phone (H) _____ (W) _____ Email _____

Date of Birth ____/____/____ Male _____ Female _____

Physician's Name _____ Phone _____ Fax _____

GENERAL

Height _____ ft Weight _____ lbs

Any unexplained significant weight loss/gain Within the last 6 months Within the last year No

If yes, please explain _____

What was your most recent blood pressure reading? _____ / _____ mm hg date _____ Don't Know

MEDICAL DIAGNOSES

Have you ever had any of the following?

- | | | | | | | | |
|----------------------------------------------|------------------------------|-----------------------------|---------------------------------|--------------------------------|------------------------------|-----------------------------|---------------------------------|
| Heart attack | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Emboli (blood clot) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Angina | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Coronary Artery Disease | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Asthma | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Stroke | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Anemia | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Cancer | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Osteoporosis | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Pulmonary Disease | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Cardiovascular surgery | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Heart Valve Problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Currently pregnant | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Rheumatic Fever | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Emphysema | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Allergies | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Chronic Bronchitis | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Hernia | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | Seizures | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> |
| Phlebitis
(inflammation of a vein) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | | | | |

YES NO Are you currently being treated for any bone, orthopedic or joint problem that could be aggravated with present physical activity?

YES NO Have you been treated for any bone, orthopedic or joint problem that could be aggravated with present physical activity?

If yes, how many years ago did this occur? _____

Please list all known allergies _____

Any special conditions not listed above _____

If you answered "YES" to any of the above medical diagnoses, it is RECOMMENDED that you consult with your physician before beginning your exercise program.

MEDICATIONS

Please list any medications you are currently taking including but not limited to prescriptions, allergy medications, ergogenic aids, diet supplements, vitamins, minerals, etc.

Medication	Reason	Dosage
_____	_____	_____
_____	_____	_____

MAJOR RISK FACTORS

1. Are you a man over age of 45 or a woman over age of 55 who has had a hysterectomy or is postmenopausal?

YES NO UNSURE

2. Has your father or brother experienced a heart attack before age 55? Or has your mother or sister experienced a heart attack before the age of 65? YES NO UNSURE If yes, who? _____

3. Has your doctor ever told you that you might have high blood pressure?

YES NO UNSURE

4. Do you have cholesterol above 200 ml/dl?

YES NO UNSURE Total cholesterol _____ HDL _____ Date tested _____ Unknown _____

5. Do you have impaired fasting glucose (pre-diabetes)?

YES NO UNSURE If yes, do you take insulin? YES NO What year were you diagnosed? _____

6. Are you physically inactive (i.e. less than 30 min. of physical activity on at least 3 days per week)?

YES NO UNSURE

7. Do you currently smoke or have you quit smoking in the last 6 months?

YES NO UNSURE I smoke (#) _____ cigarettes per day/week (circle one) for _____ years

I smoked (#) _____ cigarettes per day/week (circle one) _____ years ago.

If you are a man over the age of 45 or a woman over the age of 55 OR if you answered "YES" to two (2) or more of the above major risk factors, it is RECOMMENDED that you receive physician's clearance before beginning your exercise program.

MAJOR SIGNS/SYMPTOMS SUGGESTIVE OF CARDIOVASCULAR AND PULMONARY DISEASE

1. Pain or discomfort (or angina equivalent) in the chest, neck, jaw, arms, or other areas

that may be due to ischemia (decreased blood flow) either at rest or during exercise? YES NO UNSURE

2. Shortness of breath at rest or w/mild exertion

YES NO UNSURE

3. Dizziness or syncope at rest or w/mild exertion

YES NO UNSURE

4. Orthopnea/paroxysmal nocturnal dyspnea (shortness of breath) at rest or w/mild exertion

YES NO UNSURE

5. Edema (excessive accumulation of tissue fluid)

YES NO UNSURE

6. Palpitations or tachycardia (sudden rapid heartbeat)

YES NO UNSURE

7. Intermittent claudication (lameness due to decreased blood flow)

YES NO UNSURE

8. Known heart murmur (abnormal heart sound)

YES NO UNSURE

9. Unusual fatigue or shortness of breath with usual activities

YES NO UNSURE

If you answered, YES to any of the above major signs and symptoms listed above OR have known cardiovascular, pulmonary or metabolic disease (see below), it is STRONGLY RECOMMENDED that you seek physician's clearance before beginning an exercise program.

Cardiovascular – cardiac, peripheral vascular, cerebrovascular disease

Pulmonary – chronic obstructive pulmonary disease, asthma, interstitial lung disease, or cystic fibrosis

Metabolic Disease – diabetes mellitus (types 1 and 2), thyroid disorders, renal or liver disease

I understand this Health History Questionnaire has been provided to me for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician and seek his or her approval prior to beginning an exercise program. I understand the information I have provided will be maintained in my membership file for use in case of a medical emergency. My signature signifies that all of the above is true, to the best of my knowledge. Any information left unanswered was done so intentionally. If any of the above information changes, I agree to submit these changes in writing to the Personal Training Coordinator for an update to my membership file. I, the undersigned, certify that I am at least 18 years old and have read and understood the conditions of my participation in this program.

Signature _____ Date _____ Received by _____ Date _____
(Patron) (Personal Trainer)

Parent Signature (if under 18 years of age) _____ Date _____

Note: All major risk factors, signs and symptoms classifications are taken directly from American College of Sports Medicine (ACSM) Guidelines for Exercise Testing and Prescription (Linda S. Pescatell, PhD, FACSM, ed. © 2013)

Exercise History and Lifestyle

Name _____ Date _____

Demographic and Background Information:

1. How did you hear about our Personal Training program?

Friend Flier Class Tour Staff Member Other, please specify: _____

2. Are you participating in our Personal Training program as part of an academic class?

Yes No If yes, which class? _____

3. What part of the Personal Training program MOST interests you? _____

4. Have you participated in another personal training program previously either at another university or exercise facility?

Yes No If yes, where? _____

5. What other Department of Sports and Recreation programs interest you?

<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Bike Shop Services/Events
<input type="checkbox"/> Intramural Sports	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Club Sports	<input type="checkbox"/> Becoming a Personal Trainer
<input type="checkbox"/> Special Events	<input type="checkbox"/> Becoming a Group Exercise Instructor
<input type="checkbox"/> Nature Bound Trips/Events	

Exercise History:

1. Please rank your top 3 fitness goals in order of importance:

Most Important: _____

Second Most Important: _____

Third Most Important: _____

2. Were you a high school and/or college athlete?

Yes No If yes, please specify _____

3. In the past 6 months, how often have you been engaged in physical activity?

Regularly (3-4 times / week)
 Semi-regular (1 to 2 times/week)
 Sporadic (1 to 2 times/month)
 None

4. In what other exercise, sports, or recreational activities have you participated?

In the past 6 months: _____

In the past few years: _____

5. Are you currently involved in regular cardiorespiratory (aerobic) exercise?

Yes

No

If yes, please specify the type of exercise: _____

Days per week: _____ Minutes per day: _____

If no, why did you stop or why do you not exercise currently? _____

6. Are you currently involved in a regular weight training program?

Yes

No

If yes, please specify the type of exercise: _____

Days per week: _____ Minutes per day: _____

If no, why did you stop or why do you not exercise currently? _____

7. Do you participate in some other physical activity that you would like to acknowledge: YES NO

If yes, what is it: _____

How long have you been engaged in this activity: _____

8. Rate your perception of the exertion of your exercise program (circle the number):

(1) Light

(2) Fairly Light

(3) Somewhat hard

(4) Hard

9. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity programs including specific experiences at the Department of Sports and Recreation facilities)?

Yes If yes, please explain _____

No

10. Do you start exercise programs but then find yourself unable to stick with them?

Yes If yes, please explain _____

No

11. Have you ever experienced soreness after a workout?

Yes If yes, circle the best description of the experience: a. Pleasurable b. Tolerable c. Never want that again!

No

12. What types of physical activity do you consider fun and/or interest you? (Circle all that apply)

Walking

Strength Training

Water-based Aerobics

Cycling (indoor or outdoor)

Yoga

Balance Training

Stair climbing

Pilates

Plyometric Training

Jogging

Cardio Kickboxing

Outdoor Adventures

Elliptical striding

Dance-based Aerobics

Climbing

Swimming

Racquet Sports

Martial Arts

Intramural Sports

Other: _____

Please use this page to fill out your availability

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Please circle which campus you would like to meet with your Personal Trainer:

Kennesaw

Marietta

Please indicate below if you would prefer a specific Personal Trainer.

Please indicate below how many days per week you wish to meet with your Personal Trainer.

Informed Consent for Personal Training

I, _____, hereby voluntarily give consent to Kennesaw State University's Department of Sports and Recreation Facilities to engage in a fitness program(s). I understand that the personal trainers at the Kennesaw State University Student Recreation and Activities Center may be employees of Kennesaw State University.

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include but are not limited to increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack, stroke, or death). I understand that every effort will be made to minimize problems by preliminary examination and observation during exercise.

I understand that I am responsible for monitoring my own condition throughout exercise, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Unusual symptoms include, but are not limited to; chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in a fitness program, I agree to assume all risks of such fitness exercise, and hereby release and hold harmless the Board of Regents of the University System of Georgia, Kennesaw State University, KSU Department of Sports and Recreation Facilities, and their employees, supervisors, agents, representatives, or anyone affiliated with the Recreation programs, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness program.

At any time, I can stop exercising for any reason. If a trainer directs me to a specific exercise and I do not feel comfortable, I feel pain, or any other symptoms undesirable, the exercise will cease.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

I certify that I am at least 18 years old and have read and understood the conditions of my participation in this program.

Print Name _____

Signature _____

Date _____

Personal Trainer Use Only

