OwlFit Online Personal Training Packet

We are so pleased that you are making a commitment to your health and wellness through Personal Training! Our goal is to empower you so that you may exercise safely and effectively for life. Pages 1-2 are for your records.

Payments, Personal Training Registration Packets, and Medical Clearance forms should all be submitted to owlfit.kennesaw.edu. Most of our documents including the Personal Training Registration packet and the Medical Clearance form can be found both on our website and through our offices.

Getting Started

- **Personal Training Registration Packet:** You must complete the Personal Training Registration packet prior to paying, scheduling, and beginning your personal training sessions.
- **Initial Screening:** The packet will undergo an initial screening to determine if you need Medical Clearance. You may be required to complete and return a Medical Clearance form if you check “Yes” to any questions on the PAR-Q Questionnaire or at any time at the discretion of your personal trainer. This form must be completed PRIOR to scheduling or purchasing any training sessions. You will be notified via email once your Medical Clearance is received.
- **Availability:** Once your packet has been screened, we will reach out to our Personal Trainers for availability. If a Personal Trainer is available, you will receive an email notifying you that you are ready to pay for the Personal Training package of your choice.
  o The time between submission of your packet and this email is determined by the availability you provide as well as available trainers.
  o You may request a personal trainer but may not get that trainer if he or she is unavailable.
- **Payment:** Payments can be made through your Owl Express account for KSU affiliates. Once you have been paired with a trainer you will be sent an Owl Express charge form via docusign to sign off on the charge for personal training being made on your banner account.
  o You will have 14 days from the time of the charge on your Banner Account to make a payment or a hold will be placed on your account.
- **Scheduling:** Personal Trainers schedule all PT Sessions. The personal trainer will contact you within 3-5 days after you pay for your sessions to schedule your initial consultation and OwlFit Assessment.
- **Training Sessions:** All personal training sessions will be conducted live through Microsoft Teams, or an agreed upon video conferencing/chat platform that fits the needs of both the trainer and client. Clients must have consistent access to internet to participate in online training.
- **Purchasing additional sessions:** When sessions are complete, you may purchase additional training packages without the need of an OwlFit Assessment, if you have completed the OwlFit Assessment within one year of session purchase.
- **OwlFit Assessment and Initial Consultation:** The OwlFit Assessment and Initial Consultation will be your first appointment and included in the cost of purchasing a package. The initial consultation and assessment may last 1 and a half to 2 hours.

Patron Eligibility:

- All members including students, alumni, faculty, and staff are eligible to register for personal training.
- If in the event you schedule PT sessions and it is found that you are not eligible for any of the reasons outlined in this packet (for example: 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 you and the sessions will be forfeited.
- If your eligibility status and/or medical status changes for any reason, it is your responsibility to notify the Dept. of Sports and Recreation and provide any required supporting documentation in writing 3-5 business days after change.

General Information:

- It is recommended that you schedule at least 2 appointments per week to get the entire benefit of the program.
- PT sessions are non-transferable, may not to be traded or given to other patrons, and may not be accumulated.
- Sessions not used after a period of 1 year of purchase, will be forfeited.

Last updated: 5/7/2020
If you purchase a partner training package, you must train with your partner at every session. Failure of either partner to attend each session will result in the session being docked for both partners.

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. You must provide proper documentation.

At the completion of every semester and/or at the cessation of involvement with the PT program, you will have the opportunity to provide feedback.

All information regarding your program and progress will be kept confidential and remain in our patron 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.

Program guidelines are subject to change each semester. The Department of Sports and Recreation will update the website, Personal Training Registration packet, etc. It is your responsibility to become familiar with program changes.

At the end of each semester, incomplete packets will be shredded and discarded.

If you have not worked with a personal trainer after one year, your packet will be archived.

**Changes, Cancellations, Tardiness, and No Shows**

- We understand that occasionally situations arise which warrant the need to make changes and ask that you make a good faith attempt to notify the Dept. of Sports and Recreation personal training staff as soon as possible.
- You are expected to provide at least a 24-hour notice of a cancellation and/or change. Please request confirmation from your trainer if notice was sent via text or voicemail. For last-minute changes, email is not preferred.
- If you are 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 you arrive at 3:15pm the session will only last till 4:00pm.
- If you are 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 you.
- If you schedule a personal training session and do not show up to your scheduled time, you will forfeit that session.
- If you are docked a session for a situation that you feel is unjust, you may file a session forfeit protest form. This form is intended for 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 an exception is determined, all other penalties will apply. PT session forfeit protest forms are available by email owlfit.kennesaw.edu. Protest forms will only be accepted for up to 30 days.

**PLEASE KEEP FOR YOUR RECORDS**
Personal Training Registration

*Please Print Clearly*

Name: __________________________________________  (Last)  (First)  (MI)

Today’s Date: __________/________/________  Age: ________  KSU ID #________________________
   (Month)  (Day)  (Year)

☐ Male  ☐ Female  ☐ Prefer to self-describe________________________  ☐ Prefer not to say

☐ Student  ☐ Faculty/Staff  ☐ Alumni/Affiliate  ☐ Other/Community Member

**If a student, are you currently enrolled in classes this semester: Yes ☐  No ☐

Email (KSU): __________________________________________  Phone: ____________________________

*Please note this email address will be used for correspondence.*

How did you hear about our Personal Training program?
☐ Friend  ☐ Flier  ☐ Class  ☐ Tour  ☐ Staff Member  ☐ Other, please specify: __________________________

Emergency Contact Name________________________________  Relation to You_____________________

Emergency Contact’s Phone (primary)________________________  Secondary Phone___________________

*Participation in any activity within the Department of Sports and Recreation 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 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, tardiness, 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*

Office Use Only:

Date Received: __________________  Received By: __________ (Initial)

Date Contacted: ________________  Contacted By: __________ (Initial)
Please indicate which training package(s) you are/may be interested in purchasing:

Individual Training: 3 session □  6 session □  12 session □
Partner Training: 3 session □  6 session □  12 session □

**Availability:** Please indicate **specific times** in which you are available for personal training below.

Sunday: __________________________________________________________
Monday: __________________________________________________________
Tuesday: __________________________
Wednesday: _______________________________________________________
Thursday: _________________________________________________________
Friday: ___________________________________________________________
Saturday: _________________________________________________________

Please indicate below if you would prefer a specific Personal Trainer (Male or Female).
____________________________________________________________________

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

Do you have access to any equipment? If so, please list below in specific detail
____________________________________________________________________
Exercise History and Lifestyle

Name___________________________________________ Date__________________________

Demographic and Background Information:

1. What part of the Personal Training program MOST interests you? ______________________________

2. Have you participated in another personal training program previously either at another university or exercise facility?
   ☐ Yes ☐ No      If yes, where? _______________________________________________

3. Height _________ ft.   Weight _________ lbs.

4. Any unexplained significant weight loss/gain?
   ☐ Within the last 6 months ☐ Within the last year ☐ No ☐
   If yes, please explain _____________________________________________________________________________
   ______________________________________________________________________________________________

5. 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.

Exercise History:

1. Please choose your top 3 goals (circle)
   Lose fat            Flexibility / mobility            Sport performance
   Gain muscle         Creating healthy habits         Increase quality of life
   Self confidence     Learn correct form           Physical appearance
   Cardio fitness     Get comfortable in the gym     Stress management
   Build strength     Diversifying workouts         Other ___________________

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?  
   ☐ 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. Is there anything specific (activity, equipment, type of training, etc.) that you would like to make sure is included in your exercise program?

    _______________________________________________________________________________________

13. How much time are you willing to devote to an exercise program outside of your scheduled training sessions?
    Minutes per day ___________   Days per week ___________

14. What types of activities/programs do you consider fun and/or interest you? (Circle all that apply)

    Walking   Jogging   Strength Training
    Cycling (indoor or outdoor)   Elliptical striding   Other _____________
    Stair climbing   Swimming   Pilates

Last updated: 5/7/2020
Cardio Kickboxing    Club Sports    Balance Training
Dance-based Aerobics  Nature Bound Trips/Events  Plyometric Training
Intramural Sports    Bike Shop Services/Events  Climbing
Group Exercise       Water-based Aerobics       Yoga

15. Do you have any medical conditions, injuries (past or present), or other special considerations that may affect your ability to perform physical activity? If so, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

16. Are you currently taking any over the counter or prescription medications or drugs? If so, please list ALL:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Personal Training Informed Consent

I, ____________________________________, hereby voluntarily give consent to participate in Kennesaw State University’s Department of Sports and Recreation fitness program(s). I understand that the personal trainers at the Department of Sports and Recreation may be employees of Kennesaw State University.

Participation in a regular program of physical activity has been shown to produce positive changes in physical health. 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 screening 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, and their employees, supervisors, agents, representatives, or anyone affiliated with the Department, 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 __________

Parent Signature __________________________________________ Date __________
(If under 18 years of age)
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

LIABILITY WAIVER, RELEASE, INDEMNITY AND PROMISE NOT TO SUE:

I, the undersigned below, in consideration of my and/or my child’s or ward’s participation in the Event(s) referenced above and any related activities thereto including training, preparation, and travel (separately and collectively, the “Event”), wherever the/these Event(s) may occur, acknowledge that I am aware that as a result of my and/or my child’s or ward’s participation in the Event, there exists the potential for injuries including but not limited to scrapes, bruises, broken bones, various injuries to the body, and possible loss of life and I freely assume on my and/or my child’s or ward’s behalf all risks incidental to such participation.

In consideration of my and/or my child’s or ward’s participation in the Event, and on behalf of my and/or my child’s or ward’s heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my and/or my child’s or ward’s participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. This agreement to indemnify shall extend to any claim filed by my child or ward upon reaching the age of majority. I, for myself and/or my child or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me and/or my child or ward either before, during or after such participation. I declare that I and/or my child or ward are physically fit and have the skill level required to participate in the Event and/or any such related and associated activities. I further authorize medical treatment for myself and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the “Released Parties” are: Kennesaw State University, the Board of Regents of the University System of Georgia, all Event sponsors, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my and/or my child’s or ward’s participation and allow the use of these materials on behalf of the University without limitation or compensation including the release of my and/or my child’s or ward’s name. I also agree that during the time of my and/or my child’s or ward’s involvement with the Event, I and/or my child or ward will be bound by all rules, regulations, policies, procedures and guidelines of Kennesaw State University and the Board of Regents.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia. I and on behalf of my child or ward, understand that the acceptance of this liability waiver, release, indemnity and promise not to sue Kennesaw State University or the Board of Regents of the University System of Georgia or any agent or employees thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

I certify I am eighteen (18) years of age or older, that I am executing this Waiver and Release Form on my behalf and/or on behalf of my child or ward, and that the information set forth above is true and complete.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.

Participant Information: (Please PRINT)

Name: __________________________________________________________

Emergency Contact and Phone Number: _________________________________

If participant is 18 or over:

Signature of Participant: ____________________________________________ Date: __________________

If participant is under 18:

Name of Parent/Guardian: __________________________________________

Signature of Parent/Guardian: ______________________________________ Date: __________________