

OwlFit 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 the Department of Sports and Recreation Administrative Office Suites, room 1101, of the Student Recreation and Activities Center on the Kennesaw Campus or the front desk of the Recreation and Wellness Center on the Marietta Campus. Packets may also be emailed to owlfit@kennesaw.edu using seureshare.kennesaw.edu (see below). 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.

Online Packet Submissions: To securely submit your personal training packet online, please follow the steps below.

1. **Go to seureshare.kennesaw.edu** (Must be connected to KSU VPN network)
 - a. VPN download link, if needed: <https://uits.kennesaw.edu/vpn/index.php>
 - b. If unable to connect to VPN network, please notify us at owlfit@kennesaw.edu.
2. **Upload completed packet (PDF ONLY) and send secured link to owlfit@kennesaw.edu**
 - a. Check box for 1-time download
 - b. Set password to the first 4 letters of your last name (NO CAPS)
 - c. Set Time limit to “One Week”
 - d. Click send
 - e. Copy and paste the download page link and send it to owlfit@kennesaw.edu. Send as follows:
 - i. Subject line: (Your first and last initials) - PT PAR-Q
 1. Example: J.D. - PT PAR-Q

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.
 - The time between submission of your packet and this email is determined by the availability you provide as well as available trainers.
 - You may request a personal trainer but may not get that trainer if he or she is unavailable.
- **Payment:** Payments can be paid in cash, check, or through your Owl Express account for KSU affiliates.
 - 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.
- **Virtual/Online Training Sessions:** All virtual/online 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 virtual/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 you have remaining sessions and lose membership to the Student Recreation and Activities Center and/or the Recreation & Wellness Center (i.e. expired membership, graduation, failure to take classes such as in the summer semester, etc.) you must repurchase a membership to continue sessions or must pay Daily Guest Pass fee to participate in the sessions.
- 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.
- To receive student pricing, you must be taking the appropriate amount of hours in which the student recreation fee is paid.

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 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.
- 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?

Website Flier Email 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 if you would like to train virtually/online or In-person:

Virtual/Online Training **OR** In-Person Training

Please indicate which training package(s) you are/may be interested in purchasing:

Individual Training: 1 session 3 sessions 6 sessions 12 sessions 20 sessions

Partner Training: 1 session 3 sessions 6 sessions 12 sessions 20 sessions

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 (*For Virtual/Online Training Only*)

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

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 (choose 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, choose 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? (Choose all that apply)

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

Cardio Kickboxing
Dance-based Aerobics
Intramural Sports
Group Exercise

Club Sports
Nature Bound Trips/Events
Bike Shop Services/Events
Water-based Aerobics

Balance Training
Plyometric Training
Climbing
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 _____

(If under 18 years of age)

Date _____

RECREATION WAIVER AND RELEASE FORM

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I, the undersigned below, in consideration of my participation in all activities for physical fitness sponsored by the Department of Sports and Recreation (the "Department") or held at any of the Department's facilities, including, but not limited to, personal training, group fitness classes, and the use of equipment at any of the Department's facilities, acknowledge that I am aware that as a result of my participation in such physical activities, there are inherent risks, hazards, and dangers that cannot be eliminated regardless of the care taken to avoid injury. Such inherent risks, hazards, and dangers include, but are not limited to, scrapes, bruises, broken bones, pulled muscles, heart attack, and other major and minor injuries, up to and including death, and I freely assume all risks associated with such physical activities.

In consideration of my participation in activities for physical fitness, I, on behalf of myself and heirs, executors, administrators and next of kin, hereby release, covenant not to sue, and forever discharge Kennesaw State University, the Board of Regents of the University System of Georgia, 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 (collectively "the Released Parties") 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 participation in physical fitness activities any of the Department's facilities 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.

I understand that this Waiver and Release 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 before, during or after such participation. I understand that the acceptance of this liability waiver, release, indemnity, and promise not to sue the Released Parties shall be effective during the date of your visit, and shall not constitute a waiver, in whole or in part, of sovereign or official immunity by any Released Party, its members, officers, agents and employees.

I declare that I have the skill level required to participate in physical fitness activities sponsored by the Department or held at any of its facilities. I acknowledge that it is my responsibility to secure appropriate medical insurance and that no such coverage is provided by the Released Parties. I further authorize medical treatment for myself, at my cost, if the need arises. In the event of a medical emergency, I authorize Kennesaw State University to communicate my condition, medical treatment and/or surgical services received, and any other information the University reasonably deems appropriate with the person(s) identified as an Emergency Contact. However, I understand and agree that notice to such contact(s) in advance of any medical treatment and/or surgical services is not required and may not be possible.

I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my participation in activities at any of the Department's facilities, and I agree to allow the reproduction, use, exhibition, display, broadcast, distribution, and creation of these materials on behalf of the University without limitation or compensation. I also agree that during the time I am involved with physical fitness activities at any Department facility, I will be bound by all rules, regulations, policies, procedures and guidelines of the facility, Department, 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 CERTIFY I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I HAVE READ, UNDERSTOOD, AND ACCEPT THE TERMS OF THIS WAIVER AND RELEASE.

Participant Information (Please Print) Name: _____ Date _____

Signature of Participant: _____

2018 PAR-Q+






The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it <i>does not limit your current ability</i> to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION


If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness centre may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.




NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.