OwlFit Small Group Coaching

Training Details:
- Dates: June 1 – June 26
- 4-6 participants
- Duration: 4 weeks
- Price: $20
  - Student: $20
  - Non-student: $20
- June Small Groups: Strength Training for Women, Core & Flex
- Registration Deadline: May 28, 2020 at 4:00PM

Thank you for making a commitment to your health and wellness through our Small Group Coaching Program! Our goal is to educate you on how to exercise safely and effectively for life. Pages 1-2 are for your records.

Payments, 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
- **Small Group Coaching Registration Packet**: You must complete the Small Group Coaching Registration packet prior to paying and participating in our small group program. Upon submitting your registration packet you will be added to the registration list for the small group. Once the small group has reached the minimum number of registrations you will be contacted by email to make your payment. No payment is made before minimum registration numbers are met.
- **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 Coach. If required, the Medical Clearance form must be received at least 5 days prior to the start of the Small Group Coaching program. If the form is not received by this time, the spot in the group will be forfeited. You will be notified via email once your Medical Clearance is received.
- **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.

Patron Eligibility:
- All members including students, alumni, faculty, and staff are eligible to register for small group coaching.
- If you register for a small group coaching program and 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 instructor 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 Department. 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 minimum number of academic credit hours in which the student recreation fee is paid.

General Information:
- Small group sessions are non-transferable, may not to be traded or given to other patrons, and may not be accumulated.
- Small Group Coaching involves a limited number of spots and if the trainings are full, you will not receive a spot.
- 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. Refunds are not available after the Small Group Training program begins.

- 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. All OwlFit staff members 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, Small Group 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.

Changes, Cancellations, Tardiness, and No Shows

- If the minimum number of participants is not met, the small group training may be cancelled. Participants will be notified via email not less than 24 hours before the start of the small group training. Paid participants will have the option of requesting a refund or applying the funds toward Personal Training.

- Attendance to every session is not required; however, no refunds or make up opportunities will be provided for missed sessions.

- We understand that occasionally situations arise which cause conflict to your small group training schedule. We ask that you make a good faith attempt to notify the Department of Sports and Recreation OwlFit staff as soon as possible so your instructor can plan accordingly.
OwFit Small Group Training

Please Print Clearly

Small Group Coaching program you are registering for: _____________________________________

Name: ________________________________________________________________________________

(Last) ___________________ (First) ___________________ (MI) ___________________

Today’s Date: _______/______/______

(Month) (Day) (Year)

Age: _______ KSU ID #______________

☐ Male  ☐ Female  ☐ Prefer to self-describe _____________________  ☐ Prefer not to say

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

Email (KSU): __________________________________________ Phone: _____________________

Please note this email address will be used for correspondence.

How did you hear about our Small Group 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 facilities is at the sole discretion and judgment of the member and at his or her own risk.

- I, the undersigned, have received the Small Group Training packet and understand there are limitations to my participation as outlined in the Small Group 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 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)
Exercise History and Lifestyle

Name___________________________________________ Date__________________________

Background Information:

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

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

3. Height _____ ft. ________ in.   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. Do you have any previous experience that relates to this small group topic?
   □ Yes  □ No   If yes, please describe___________________________________________

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 resistance-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. Please describe any other considerations or information your Personal Trainer should be aware of that may affect your ability to perform physical activity?

Examples include medications, supplements, pregnancy, injuries, exercise or activities you can't/won't perform, effective motivation techniques for you.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Small Group Coaching 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 and/or group exercise instructors 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.

At any time, I can stop exercising for any reason. If a trainer or instructor 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)
Waiver and Release for Adult or Minor
OwlFit Small Group Training

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: __________

Last updated: May 2020