OwlFit Workouts to Go

Submission Form and Questionnaire

Steps to Getting Started:

1. Complete Workouts to Go Submission Form and Questionnaire
2. Submit completed Workout to Go Submission Form and Questionnaire to owlfit.kennesaw.edu
3. You will receive a confirmation response email of your submission and within 1-2 business days
4. Once paired with a personal trainer an Owl Express charge form will be sent to you for payment to begin your consultation
5. An OwlFit Trainer will schedule a 20-minute consultation with you to discuss your goals and obtain additional information to design your program
6. Your customized program will be sent to you by email in 2-3 business days after your consultation
7. Please refer all questions or concerns to owlfit.kennesaw.edu.

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.

- 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 consultations. The personal trainer will contact you within 2-3 days after you pay for your program to schedule your consultation.

Patron Eligibility:

- All members including students, alumni, faculty, and staff are eligible to register for Workouts to Go.
- 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.
- No Refunds will be given except in extreme circumstances. You must provide proper documentation.
- 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, registration packet, etc. It is your responsibility to become familiar with program changes.

Workouts to Go Questionnaire
Name: _______________________________       KSU ID Number: __________________________
Email (KSU preferred): _________________________ Phone number: _______________________
KSU Affiliation (Student**, Faculty/Staff, Alumni): ________________________________

**If a student, are you currently enrolled in classes this semester (Yes or No):________________________

1. Best day and time to be contacted (Ex. M: 8am-10am, 12pm-2pm):
   a. M: ______________________________________________________________
   b. T: ______________________________________________________________
   c. W: ______________________________________________________________
   d. TH: ______________________________________________________________
   e. F: ______________________________________________________________

2. Primary fitness goal (weight loss, muscle gain, strength, athletic performance enhancement, other):

3. Do you currently work out regularly? If so, please briefly describe the activity and number of days and times per week that you exercise (example: 2-3 days of cardio for 30 minutes):

4. Do you have a preferred training style or method (Circuit, HIIT, Power Lifting, Strength Training, etc.):

5. Total number of days you desire to workout per week:

6. Number of days you desire to resistance (weight) train a week:

7. Number of days you desire to do cardio training or conditioning a week:

8. How long do you want your workouts to be? 20-30 mins or 45-60 mins

9. Do you have any specific body parts you would like to focus on? (arms, chest, abs back, legs, etc.)

10. Do you have access to any equipment? If so, please list here:
11. Do you prefer to workout outdoors or indoors?

12. Do you have joint/muscle pain, injury, or any other special considerations that the trainer should know about when designing your program?

Personal Training Program 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 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.

Print Name ________________________________

Signature _______________________________ Date ______________

Parent Signature (if under 18 years of age) _______________________________ Date __________