

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 the Sports and Recreation Administrative Office of the SRAC (Kennesaw Campus) or email to owlfit@kennesaw.edu
 - a. **PLEASE DO NOT EMAIL PICTURES OF THE FORM. SUBMIT FORM AS A PDF ONLY.**
3. You will receive a confirmation response email of your submission and within 1-2 business days
4. Once paired with a personal trainer , you will be notified to make your 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: Once you have been paired with a trainer you be notified to make your payment. Payment can be made by cash, check, or Owl Express charge.

- *For Owl Express, 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:

- 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

Note: If you are unsure of the best answer for any of the exercise related questions please answer to the best of your ability or leave it blank, and your trainer will guide you to the best choice during your consultation.

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):** _____

Choose 1 option: Workouts to Go: _____ Workouts to Go Premium: _____

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? (Please be specific as possible)

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)

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: _____