Personal Training Registration

Saint Louis University
Department of Campus Recreation
3639 Laclede Ave
St. Louis, MO 63108-3315
314-977-3975

Name: _____

Address: _____

City: _____ ST:____ Zip: _____

Phone: (_____)_____

Payment Plan
Initial Packages:
      Assessment+ 2 sessions ($75)   _____

Continuation Packages:
      Individual Session ($35)   _____
      Get Me Going (3 sessions $99)   _____
      Dedication (6 sessions $180)   _____
      Marathon (10 sessions $280)   _____
      Partner Get Me Going (3 sessions $59)   _____
      Partner Dedication (6 sessions $108)   _____
      Partner Marathon (10 sessions $168)   _____

Follow-up Baseline ($25)   _____
TOTAL   _____

> **Payment Instructions**
> ✓ Payment must be made in full before attending your appointment.
> ✓ Purchase only one service per form.
> ✓ The form and payment is handled at the Service Area (at facility entrance).
> ✓ Sorry, no refunds or registration transfers.

> Trainer or Fitness Assessor approval:
>
> _____
>
> Date of initial Service and payment:
>
> _____

User's Agreement
User agrees that all physical activities, including the use of weights & any equipment, machinery or apparatus designed for exercise shall be at user's sole risk. Notwithstanding any consultation or use of equipment, facilities or exercise programs which may be provided by Saint Louis University, employees or agents, it is hereby understood that the selection of activities, exercise programs, methods and type of equipment will be user's entire responsibility. Knowing the risks & in consideration of using the facility, user agrees to waive, release & discharge Saint Louis University, its employees/agents from all claims, demands or actions of any kind or nature which may be brought by user or anyone who might make a claim on user's behalf arising out of user's activities & use of any services, equipment, machinery or apparatus provided by University, notwithstanding the negligence of Saint Louis University, its trustees, officers, employees or agents. User is responsible for becoming familiar with all Campus Recreation policies, noncompliance may result in the suspension of privileges.

Signature: _____   Date: _____

For office use only

$_____ paid by: Check # _____ Cash _____ Credit Card Approval: _____

Initials : _____ Date: _____   Top copy to DCR; bottom copy to customer