



PERSONAL TRAINING

Date ____/____/____

Name _____ ID# _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Trainer Preference ____Male ____Female ____No Preference

*If you would like to work with a particular trainer please indicate the name _____

PERSONAL TRAINING PACKAGES AVAILABLE FOR PURCHASE

Please select the session package you would like to purchase. All packages include 1 fitness assessment & 2 training sessions.

_____ One-on-One Personal Training (\$55)

_____ Pairs Training (\$45)

POLICIES FOR THE PERSONAL TRAINING PROGRAM

- **Initial Appointment:** Once a personal training package has been purchased and all forms are completed, the assigned **personal trainer will contact you within 1 week** from the date of registration. After three consecutive attempts to schedule the initial appointment with no response from the client, the Personal Training fee/package will be considered null and void.
- **Late Policy:** You are responsible for being on time for your appointment. Your trainer is only required to wait 10 minutes. If your session begins late it will only last until the end of the hour that the session was scheduled.
- **Cancellation Policy:** Clients must notify their trainer **at least 24 hours** in advance to re-schedule an appointment. Failure to do so will result in forfeiture of the session. There will be **NO REFUNDS** and **NO EXCEPTIONS**. Your trainer is also responsible for giving 24 hour notice if he/she needs to cancel or re-schedule.
- **Remaining sessions:** All sessions must be used by the end of the fiscal year (Sept 1st – Aug 31st). After the trainer attempts to contact the client to schedule remaining sessions three consecutive times without a response from the client, all remaining sessions will be considered null and void. At this point the client will no longer be able to access these sessions (regardless of how many are left).
- You must have a current Campus Recreation membership to participate. You must bring your ID to get into the facility or scan your hand at the front desk turnstiles.
- You are required to purchase sessions before you schedule or use them. If you have used all of your sessions and want to continue to be trained, you must purchase more sessions.
- **There are NO REFUNDS for sessions purchased.**
- If you feel a personal trainer or other fitness staff does not provide a sufficient level of customer service, please contact the Fitness & Wellness office at (512) 245-8820.

I have read and understand the conditions stated above.

Signature _____

Date _____

Office Use Only

Amount Paid _____ Receipt# _____ Date _____ Staff Name _____



Release and Indemnity Agreement

Participant's Name: _____

Activity: _____

Releasees: * The Board of Regents, Texas State University System
* Texas State University-San Marcos, and
* Regents, employees, agents, volunteers, and officers for these entities.

Release: In consideration for facilitating my participation or my child's participation in the activity described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions and causes of action arising out of any loss or damage to me, my child, my property and any injury, including death, that I/he/she may sustain, whether or not caused by the negligence of the Releasees, while participating in the activity.

Risks: To the best of my knowledge, I/my child can participate in this Activity. I am aware of the risks and hazards with the activity, and I elect to allow myself/him/her to participate voluntarily and engage in the activity knowing that the activity may be hazardous to me/my child and my property. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death which I/my child may sustain as a result of being engaged in this activity, whether or not caused by the negligence of Releasees.

Indemnity: I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my/my child's participation in this activity, whether caused by the negligence of Releasees or otherwise. For example, I specifically agree to indemnify and hold harmless the Releasees from losses that may occur as a result of my/my child hurting another person or damaging another person's property while participating in the activity.

Intent: I intend that this Release and Indemnity Agreement bind not only me/my child, but also the members of my family and my spouse (if any), if I am alive, and my heirs, assigns and personal representatives, if I am not alive. I intend this as a release, discharge and promise not to sue the Releasees. I further agree that this Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read this Release and Indemnity Agreement. I understand it and sign it voluntarily on behalf of myself/my child and my own free act. No representations, statements, or inducements, apart from the foregoing written agreement, have been made. I execute this Release and Indemnity Agreement having received full, adequate, and complete consideration, intending to be bound by it.

I understand the name listed above as participant may be exposed to risks during participation in the activity listed above. I am aware of these risks and I elect to allow myself/my child the ability to participate voluntarily, knowing that the activity may be hazardous to my/his/her property and me. If signing as parent or legal guardian, I acknowledge that the participant is under 18 years of age and I assume full responsibility for these risks. I release, discharge, and agree not to sue Texas State University-San Marcos and its agents and employees from any claims arising out of any loss or damage to my/ my child's property and from any claims arising out of any injury, including death, that may be sustained by me or my child or this participant of whom I am the legal guardian. I also agree to indemnify and hold harmless Texas State University-San Marcos and its agents and employees from any claims that they may incur due to my/my child's participation in the activity. I will comply and I will instruct my child to comply with the instructions of Texas State University-San Marcos staff during the activities.

Signature of Participant

Date

Signature of Parent or Legal Guardian (if under 18)

Date

Health History

Date ____/____/____

Name _____

Age ____ Sex ____ Height ____ Weight ____

Physician's Name _____

Physician's Phone # _____

Person to Contact in Case of Emergency

Name _____ Phone _____

Are you currently taking any medications? If so, please list the medication and reason:

Please check **YES** or **NO** for the following questions

Do you now have or have you had in the past:

| | YES | NO |
|--|------------|-----------|
| History of heart problems or stroke | | |
| Increased blood pressure | | |
| Any chronic illness or condition | | |
| Advice from physician not to exercise | | |
| Recent surgery (last 12 months) | | |
| Pregnancy (now or within last 3 months) | | |
| History of breathing or lung problems | | |
| Muscle, joint or back disorder; or any previous injury | | |
| Diabetes or thyroid condition | | |
| Cigarette smoking habit | | |
| Obesity (more than 20% over ideal body weight) | | |
| Increased blood cholesterol | | |
| History of heart problems in immediate family | | |
| Hernia, or any condition that may be aggravated by lifting weights | | |
| Difficulty with physical exercise | | |

Please explain any **YES** answers below:

Exercise History & Attitude Questionnaire

Date ____/____/____

Name _____

1. In the past year, how often have you been engaged in physical activity?

_____ regularly (3-4 times/week)

_____ semi-regular (1-2 times/week)

_____ sporadic (1-2 times/month)

_____ none

2. Are you currently following a regular cardiovascular exercise training program?

_____ yes _____ no If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days per week

How long have you been following the regular cardiovascular exercise training program?

_____ months _____ years

Rate your perception of the exertion of your cardiovascular training program

_____ light _____ fairly light _____ somewhat hard _____ hard

3. Are you currently following a resistance training program?

_____ yes _____ no If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days per week

How long have you been following a regular resistance training program?

_____ months _____ years

Rate your perception of the exertion of your resistance training program

_____ light _____ fairly light _____ somewhat hard _____ hard

4. Please rank your goals in undertaking exercise: Use the following scale to rate each goal separately.

| Not at all Important 1 | Not Important 2 | Neutral 3 | Somewhat Important 4 | Extremely Important 5 |
|------------------------------|-----------------------|--------------|----------------------------|-----------------------------|
|------------------------------|-----------------------|--------------|----------------------------|-----------------------------|

- a. Improve cardiovascular fitness _____
- b. Body-fat weight loss _____
- c. Re-shape or tone my body _____
- d. Improve performance for a specific sport _____
- e. Improve moods and ability to cope with stress _____
- f. Improve flexibility _____
- g. Increase strength _____
- h. Increase energy level _____
- i. Feel better _____
- j. Enjoyment _____

5. How much time are you willing to dedicate to an exercise program?

_____ minutes/day _____ days/week

6. Do you start exercise programs but then find yourself unable to stick with them?

_____ yes _____ no

7. What are your personal barriers/challenges with exercise?

8. What types of exercise interest you? Check all that apply.

- _____ cardiovascular machines _____ abdominal strength exercises
- _____ running/walking program _____ weight machines
- _____ free weights _____ flexibility
- _____ sport skills _____ swimming
- _____ mind/body _____ group exercise classes
- other: _____

9. By how much would you like to change your current weight?

+ / - _____ lbs _____ I do not want to change my current weight

10. How many meals or snacks do you have per day?

11. Do you feel that you eat healthy most of the time?

_____ yes _____ no

12. Why did you choose to work with a trainer at this time?

Please indicate times you are available to work with a trainer:

Monday - _____

Tuesday - _____

Wednesday - _____

Thursday - _____

Friday - _____

Saturday - _____

Sunday - _____

**You will be contacted by your Personal Trainer within 1 week.
We look forward to working with you!**

