

# PERSONAL TRAINING CONTRACT -

Today's Date: _____	
Membership Status:    Student    Member    Non-Member	Gender: Male    Female
Name: _____	Date of Birth: _____    Age: _____
Address: _____	City: _____    State: _____    Zip: _____
Email: _____	Home/Cell: _____
Emergency Contact: _____	Relationship: _____    Phone: _____
New Client    Returning Client	(Request) Name of Trainer _____

## Physical Activity Readiness Questionnaire:

Yes	No	
		Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?
		Do you have chest pain brought on by physical activity?
		Have you developed chest pain in the past month?
		Have you on one or more occasions lost consciousness or fallen over because of dizziness?
		Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
		Has a doctor ever recommended medication for your blood pressure or a heart condition?
		Are you aware, thorough your own experience, or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?

## Wellness Center Policies:

- Program designs require a membership to the USD Wellness Center.
  - Session packages are available to students/members/non-members.
  - Session payments are non-refundable. Sessions are 60 minutes in length starting at your scheduled time. If you are more than 15 minutes late, it will be considered a no show and you will be charged. You must call your personal trainer with cancellation at least 12 hours in advance before the session in order to reschedule.
- Program design is good for 30 days after the original date of purchase.
  - One session is good for 30 days after the original date of purchase.
  - Five session packages are good for 60 days after the original date of purchase.
  - Ten session packages are good for 90 days after the original date of purchase.
  - 30 session packages are good 180 days after purchase.

*I state that I have read this document, agree with its terms and am signing this contract voluntarily.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

	5 sessions	10 sessions	20 sessions	30 sessions
Single	<input type="checkbox"/> \$120 + Tax	<input type="checkbox"/> \$205 + Tax	<input type="checkbox"/> \$395 + Tax	\$550 + Tax
Group (2)	<input type="checkbox"/> \$70 + Tax	<input type="checkbox"/> \$115 + Tax	<input type="checkbox"/> \$195 + Tax	\$280 + Tax
Group (3-4)	<input type="checkbox"/> \$55 + Tax	<input type="checkbox"/> \$90 + Tax	<input type="checkbox"/> \$140 + Tax	\$190 + Tax

**Total Due:** \$ \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Paid by:** Cash    Card  
**Staff Initial:** \_\_\_\_\_

**Body Composition \$10**

**Program Design – Six Week Program \$80**

# UNIVERSITY OF SOUTH DAKOTA WELLNESS CENTER

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

I understand that the use of the Wellness Center has inherent dangers, and may cause serious injury, damage to me person and/ or property, and/or possible death. I fully assume all of the risks associated with the use of the Wellness Center, including, but not limited to: negligence in design, maintenance, supervision, instruction or warning, inadequate safety equipment; the negligence of other users of the facility; misuse of the facility or its equipment by myself or others; surface hazards (slips, trips, and falls); collision with fixed or moving objects; and known and unknown physical weaknesses, frailties, disease, and/or conditions which may cause or contribute to injuries, damages to my person or property, and possible death.

Types of injuries associated with physical activity include, but are not limited to sprains, strains, contusions, fractures, joint dislocations, concussions, other types of musculoskeletal injuries, heart attacks, strokes, other types of ailments, and in rare cases death. Furthermore, certain factors may increase risk of injury. These risk factors include any form of tobacco, alcohol, or drug lifestyle, along with having a family history of any cardiovascular disease. The USD Wellness Center strongly recommends that if any individual has more than one of these risk factors that they seek the advice of a physician before becoming a member and beginning an exercise program. To further reduce the risk of injury; all individuals should begin new exercise programs at low levels of intensity and gradually increase the demands of exercise.

I understand that certain factors may increase the risk of suffering some type of injury. I further understand that I should cease exercising and/or activity and contact my physician if I experience any problems before, during or after exercise sessions, including, but not limited to: dizziness, fainting or feelings of fainting; impaired vision; pain in the chest, neck, jaw area, or in the arms; shortness of breath; swelling in any of the joints; or unusual fatigue.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest assigns, personal representatives and agents, I hereby:

- Waive any claims or causes of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injury, property damage, property loss, property theft, or death due to my use of the USD Wellness Center's facilities equipment, and services.
- Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my voluntary participation in the Wellness Center Activities; and
- Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY. ASSUMPTION OF THE RISK OF INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT. FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARENTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW.

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PERSONAL TRAINING NEW CLIENT REGISTRATION FORM

Today's Date:

- I prefer to be contacted via:  Email  Phone  Other: \_\_\_\_\_

- Have you ever worked with a personal trainer in the past  Yes  No

- When would you like to begin your personal training program? \_\_\_\_\_

- Are you interested in a Pre-Post fitness Assessment?  Yes  No  Maybe, tell me more

- What day/ time do you prefer to schedule sessions with a personal trainer?

Preferred day of the week: \_\_\_\_\_ Preferred time of day: \_\_\_\_\_

### Physical Activity:

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2. How much would you like to change your current weight? (+) \_\_\_\_\_ lbs. (-) \_\_\_\_\_ lbs.

3. In the past year how often have you engaged in physical activity

- Regularly (3 / 4 times a week)  Semi Regularly (1 / 2 times a week)  Sporadic (1 / 2 times a month)  
 None

4. How long have you been exercising regularly? \_\_\_\_\_

5. When you exercise what is your perceived exertion?  Light  fairly light  Somewhat hard  Hard

6. Rate yourself on a scale of 1 to 5 (1 indicates the lowest and 5 the highest)

	1	2	3	4	5
Characterize your present cardiovascular capacity					
Characterize your present muscular capacity					
Characterize your present flexibility capacity					

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

8. What are your personal barriers for not sticking to a program?

9. What types of exercise interests you? (check all that apply)

- Walking  jogging  Yoga/Pilates  Cycling  Fitness classes  Strength Training  
 Elliptical Striding  Recreational  Stair Climbing  Swimming  Other: \_\_\_\_\_

10. Please explain your current exercise regime or activities performed in the past.

11. How much time do you plan on spending on your workout program with a trainer? \_\_\_\_\_ day(s)/week

12. Rate your goals in undertaking exercise: (use the following to rate each goal separately)

- \_\_\_ Reduction in Body Fat%                      \_\_\_ Increase strength  
\_\_\_ Improve Cardiovascular Function                      \_\_\_ Increase energy level  
\_\_\_ Reshape or tone my body                      \_\_\_ Feel better  
\_\_\_ Improve performance in a specific sport                      \_\_\_ Other:

\_\_ Improve Flexibility

### **Dietary Patterns:**

1. How many meals and/or snacks do you have per day? \_\_\_\_\_
2. What would you estimate your caloric intake to be? \_\_\_\_\_
3. Do you feel you eat "healthy" most of the time? \_\_\_\_\_
4. Do you add salt to foods during cooking and/or at the table?  Yes  No
5. Do you minimize your intake of sweets, especially candy and soft drinks, and avoid adding sugar to foods?  Yes  No
6. Is your diet well-balanced (including vegetables, fruits, breads, cereals, dairy products, and adequate sources of protein)?  Yes  No

### **Stress/ Social:**

1. How do you deal with stress normally? \_\_\_\_\_
2. Do you make decisions with minimum stress and worry?  Yes  No
3. Do you hold in your angry feeling without expressing them?  Yes  No
4. Do you have one or more person with whom you can discuss personal worries/concerns?  Yes  No
5. Do they make you feel respected and/or admired?  Yes  No
6. Are you satisfied with the support you provide to others?  Yes  No

### **Occupation/ Leisure:**

1. What is your present occupation? \_\_\_\_\_
2. Does your current occupation require much activity? \_\_\_\_\_
3. What are your usual leisure activities? \_\_\_\_\_

### **Expectations:**

1. Why have you decided to begin or improve your exercise program? \_\_\_\_\_
2. Why have you decided to hire a personal trainer?  
 Need motivation and accountability  Improve physical fitness  Weight loss  Boredom with current workout  Want to learn about fitness  Other: \_\_\_\_\_
3. Specifically describe what you would like to accomplish through your fitness program during the next  
- 1 month: \_\_\_\_\_  
- 4 months: \_\_\_\_\_  
- 1 year: \_\_\_\_\_
4. What are you looking forward to most about starting a personal training program?

# Medical History

*Please assess your health with true statements*

Indicate whether you **CURRENTLY HAVE** or **PREVIOUSLY HAVE HAD** a significant problem with any of the symptoms or conditions listed below

## History:

If you answered “yes” please include comments below.

	Yes	No	Don't Know
Heart attack			
Heart surgery			
Heart failure			
Heart transplant			
Heart valve disease			
Stroke			
Cancer			
Diabetes			
Exercise-induced asthma			
Bone, joint, or muscular injury			
Arthritis			
Eating disorder			
Pregnant			

## Medication/ Vitamins:

Please list current medications/vitamins/supplements including over-the-counter medications, prescriptions, etc.

Name	Dosage	Purpose	Duration

Please list any/all known allergies:

## Family Medical:

Please indicate if any family member has had any of the following:

Medical Condition	Father	Mother	Comments
Obesity			
Heart attack			
Stroke			
Cardiovascular disease			
High blood pressure			
High cholesterol			
Diabetes			
Cancer			
Osteoporosis			
Other:			

## Signs & Symptoms:

	Yes	No	Don't Know
Pain, discomfort, tightness in chest, neck, jaw or arms			
Chest pain with exertion			
Shortness of breath at rest or with mild exertion			
Fainting, dizziness, or blackouts			
Unusual shortness of breath or fatigue with usual activities			

## Major Risk Factors:

	Yes	No	Don't Know
Body Mass Index greater than 30 or a waist girth over 100 cm (39.3 in)			
Father or brother experienced a heart attack before the age of 55			
Mother or sister experienced a heart attack before the age of 65			
Smoke or have quit in the last 6 months			
High blood pressure (>140/90mmhg)			
High blood cholesterol (>200mg/dl)			

If you answered “yes” to any of the major risk factor questions, call your personal physician or healthcare provider before increasing your physical activity level.