University of Idaho
Personal Training Forms

Welcome to the University of Idaho Student Recreation Center's Personal Training program. Please fill out this information and drop it off at the SRC Main Office along with your payment then a trainer will contact you within one business day to set up a time to meet.

We want your Personal Training experience to be a positive and rewarding one. Please let us know of any exercise preferences you have (ie, exercising at home, outside, in the gym).
Nutrition is a vital part to a successful wellness program.
If you would like, you can record a three-day diet diary and the trainer will give suggestions that would further help you achieve your training goals.

We do ask that you fill out the attached Health History and PAR-Q forms and give them to your Personal Trainer at your first session.

If you have any questions you can call Peg Hamlett at 208-885-WELL or e-mail to pegh@ uidaho.edu or Hollie Garrison 208 885-2204 or garr6569@vandals.uidaho.edu

We look forward to helping you attain your life fitness goals!

Cancellation Policy

It is the responsibility of (you) the client to provide 24 hours notice prior to a scheduled training and or fitness assessment session if a cancellation is needed. If a training session is canceled appropriately, it is the trainer's and client's responsibility to reschedule. If appropriate notice of cancellation is not provided the client will be charged in full for the missed training session.

Late Policy
Trainers must wait 15 minutes for their client. If the client fails to meet the trainer before 15 minute of their session has passed, the session is considered a no show and will be deducted from their purchased sessions.

- Personal trainers are responsible to give you the same notice if they must cancel an appointment. Please inform the Fitness Director if there are any problems. 885-9355.

Assigned Trainer_____

Trainer's Phone_____Trainer's e-mail_____

Date Assigned_____

Personal Training Agreement

Last Name: _____ First Name: _____ MI: ____
Home Address: _____ Date of Birth: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Email Address: _____ Vandal Card #: _____

Trainer Preference Name _____or male/female (circle)
Your Training Goals: (examples: build and tone muscles; lose weight; learn how to use equipment)

_____

Preferred Days and Times for Instruction:

Days	Time	Days	Time

- **Intro to Fitness ($85)** ……$_____
  This is the ideal beginning package. It is three sessions with a trainer:
  - Fitness Assessment & Consultation: This allows us to benchmark your current fitness levels and to discuss your fitness goals and how best to achieve them. 1 Hour
  - Training Session: Workout 1 Hour
  - Follow up training Session: Workout 1 Hour
- **Multiple Sessions** ……..$_____
  Instructor: _____
  - 1 Session ($35)
  - 4 Sessions ($120)
  - 10 Sessions ($275)
- **Body Composition** ($7.50)….……$_____
  - 15 minutes
- **Gravity Partner Personal Training**

Instructor: _____

PT Partner Training	One Visit	Pack of 4
2 people	$45.00	$165
3 people	$60.00	$225
4 people	$75.00	$280

Method of Payment
○ Cash
○ Charge Student/Employee Account
○ Visa/Mastercard/Discover
○ Check (payable to UI Bursar)

Emergency Contact Information

Name: _____ Relation: _____

Home Telephone: _____ Work Telephone: _____

Acknowledgement of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. **Sign and return** this form to SRC Staff. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in and membership with the Student Recreation Center , its programs, events, and use of facilities ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I understand that the University of Idaho takes no responsibility for verifying my physical readiness for the Activity. I take full responsibility for my health and fitness. I agree to check with my physician and discuss my proposed participation in any exercise programs if I have any questions regarding my physical ability to participate. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which loss of personal property and bodily injury to myself, or my child**, up to and including mortal injury, may occur: physical and sporting activities related to athletic fitness, training, and practice including, but not limited to bending, falling, jumping, lifting, pulling, movements, running, twisting, and competition in and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, tendons, heart malfunctions, and head injuries; use or operation, by me or others, of all equipment in the condition in which they are found; contact with environmental or biological hazards; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity**. **I understand I am responsible for all medical expenses and/ or property losses**.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. I have informed the Activity contact of any physical or medical condition that might expose me to an unusual risk of harm. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity. I accept and will abide by the University of Idaho Policies listed in the Policies and Information of Interest to Students Brochure, which is available on-line at www.webs.uidaho.edu/riskmanagement or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the Activity, and the policies and procedures of the University of Idaho.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement

By signing, I am confirming I have read, understand, and accept the conditions of the Acknowledgement of Risk and Waiver of Liability Form and membership rules and regulations presented to me.

_____ _____

Printed Name Signature Date

Confidential Health History

Name_____
LAST FIRST MIDDLE

Birth date _____/ _____/ _____ ID # _____ Sex: ☐ Male ☐ Female

Home Address _____

City, State, Zip _____

Home Phone (_____) _____Cell Phone (____)_____

Physician _____ Phone (_____)

REPORT OF MEDICAL HISTORY

Have you ever had or been treated for:

(Circle applicable items):

YES	NO	
☐	☐	1. Serious disease of eyes, ears, throat, hearing difficulties?
☐	☐	2. Do you wear glasses, contact lenses, or a hearing aid?
☐	☐	3. Frequent or severe headaches, migraines, epilepsy or other seizure disorder, severe head injury, fainting spells?
☐	☐	4. Asthma, tuberculosis, other lung disease or persistent cough?
☐	☐	5. High blood pressure, heart murmur, irregular heartbeat, other disorder of heart or blood vessels?
☐	☐	6. Jaundice, hepatitis, ulcer, colitis, gallbladder disease, chronic abdominal pain, hernia, rectal bleeding, other intestinal disease?
☐	☐	7. Sugar, albumin, blood in urine; bladder or kidney infection/disease?
☐	☐	8. Diabetes, hypoglycemia, thyroid, adrenal or other endocrine disorders?
☐	☐	9. Anemia, leukemia, sickle cell or other disorders of the blood?
☐	☐	10. Paralysis, arthritis, back injury, other disorders of the muscles, joints or bones?
☐	☐	11. Hayfever, hives, other **non-drug** allergies?
☐	☐	12. Psoriasis, eczema, other skin disorders?
☐	☐	13. Cancer, other tumors?
☐	☐	14. Emotional, psychological difficulties such as depression, anxiety, bipolar, obsessive-compulsive, suicidal thoughts/attempts?
☐	☐	15. Anorexia, bulimia, or other eating disorder?
☐	☐	16. ADD, ADHD, dyslexia, other learning disability?
☐	☐	17. Emotional or psychological difficulties related to alcohol or other drug use?
☐	☐	18. Sexually transmitted disease?
☐	☐	19. Positive HIV antibody test?

☐ ☐ 20. Any operations or serious illness or injuries not listed above?

☐ ☐ 21. Do you have any disease or is any drug or other treatment being prescribed which should be periodically evaluated? (Give details)

☐ ☐ 22. **Drug** allergy? (Give details)

☐ ☐ 23. Have you ever interrupted school/work because of any problem listed above?

☐ ☐ 24. Are you currently participating in an exercise program? (please specify)

☐ ☐ 25. Are you on any special diet? (please specify)

Do you regularly take any medications? (Specify)

For Women Only:

☐ ☐ 24. Disorders of menstrual cycle, female organs or breasts?

☐ ☐ 25. Pregnancy?

Physical Activity Readiness Questionnaire PAR-Q

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.Top of Form

YES NO

1. ○ ○ Has your doctor ever said you have heart trouble?
2. ○ ○ Do you frequently have pains in your heart and chest?
3. ○ ○ Do you often feel faint or have spells of severe dizziness?
4. ○ ○ Has a doctor ever said your blood pressure was too high?
5. ○ ○ Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
6. ○ ○ Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. ○ ○ Are you over age 65 and not accustomed to vigorous exercise? Bottom of Form

Any other information you think might be pertinent or helpful?