Welcome to the University of Idaho Student Recreation Center’s Personal Training Program. As you fill out the following paperwork, please be accurate and honest so we can best assess the information you provide. A trainer will then contact you shortly to set up a time to meet. **Hold onto this form until your consultation!**

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 (*Personal Trainers are not legally able to write you a diet plan*).

If you have any questions, please contact one of the following:

**Nate Poznick | Graduate Assistant**  
Phone: 208-885-9355  
Email: nathanp@uidaho.edu

**Ben Sturz | Assistant Director of Programs**  
Phone: 208-885-2204  
Email: bsturz@uidaho.edu

**PLEASE DO NOT LEAVE AT THE SRC FRONT DESK. TURN THIS FORM INTO EITHER NATE OR BEN AT YOUR CONSULTATION.**

**Cancellation, Late, & Refund Policy**

**Cancellation Policy**
It is the responsibility of you, the client, to provide 12 hours notice prior to a scheduled training and/or fitness assessment session if a cancellation is needed. If a training session is cancelled 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 minutes of their session has passed, the session is considered a no show and will be deducted from their purchased sessions.

**Refund Policy**
All sales are final and requests for refunds will only be accepted based upon medical necessity, or in case of significant emergencies. Documentation of medical condition or other emergencies may be required to request a refund. All refund requests will be reviewed and completed on a case-by-case basis.

*Please sign below indicating you understand and agree to abide by the University of Idaho Personal Training Cancellation, Late, & Refund Policy.*

__________________________________  ____________________________________  __________
Printed Name  Signature  Date
Personal Training Client Information Form

Last Name: ______________________________ First Name: ______________________________ MI: ____

Home Address: __________________________________________________ Date of Birth: ________

City: ___________________________ State: __________________ Zip Code: __________________

Primary Telephone: (____) _____ - ________ Work Telephone: (____) _____ - ________

Email Address: _________________________________ Vandal Card #: __________________

Requested Trainer: Name: ____________________________ or Male / Female / Any (circle one)

What Are Your Training Goals?

Short-Term (3 Months):

Long-Term (12 Months or more):

Preferred Training Schedule – Please check the days you are available and provide your open times on those days

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>Availability</td>
<td>Availability</td>
<td>Availability</td>
<td>Availability</td>
<td>Availability</td>
<td>Availability</td>
</tr>
</tbody>
</table>

Packages & Services

Consultation ($35) (55 minutes)

- Discusses your current health and fitness condition and allows you to discuss with a trainer how to refine and achieve your goals. (This service does not include writing or prescribing exercise programs)

Multiple Sessions (All sessions are 55 minutes)

- 1 Session: ($35) – (For existing clients only)
  - Best option to assess your progress, receive feedback, and begin a new training cycle.

- 4 Sessions: ($120)
  - Best option to go over basic body mechanics, learning new equipment and exercises, and/or refining skills to progress you to the next level. This option is preferred for someone with previous gym experience but is also a great option for beginners.

- 10 Sessions: ($275)
  - Best option for beginners that want to get in shape and are unsure of where to begin. During these sessions you will be given a strong foundation of correct exercise form, an introduction to fitness equipment, development of exercise terminology, and confidence to conquer the gym on your own.

- 20 Sessions: ($500)
  - Best option for anybody that wants to train long-term with a trainer to ensure their exercise regimen remains progressive, safe, individualized, and for those that would like to be held accountable by someone else.

Body Composition ($8.00) (Approximately 5-10 minutes)

- Includes Bio-Electrical Impedance and Skin Fold Measurements

Partner Personal Training – Please contact Nate or Ben for rates

For all new clients a Fitness Assessment is required and will be the first session for any package purchased.
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 RecWell Staff.

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
PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>2.</td>
<td>Do you feel pain in your chest when you do physical activity?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>3.</td>
<td>In the past month, have you had chest pain when you were not doing physical activity?</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>4.</td>
<td>Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>5.</td>
<td>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>6.</td>
<td>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>7.</td>
<td>Do you know of any other reason why you should not do physical activity?</td>
<td>☐ ☐ ☐</td>
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</tbody>
</table>

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME ____________________________

SIGNATURE _________________________

DATE _____________________________

SIGNATURE OF PARENT or GUARDIAN for participants under the age of majority

WITNESS ___________________________

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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