



Date: _____

Personal Training Fitness Assessment Form

Return to the West Center front desk located in the lobby. Payment must be received at the time of registration.

Client Information:

Name: _____ Age: _____ Gender: _____

Affiliation: Student F/S Alumni Family Member

Contact Number: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

Relation to you: _____

Fitness Assessment	
Cost: \$10	
Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check

Personal Training Polices & Procedures

- It is important to note what the individualized fitness instruction will NOT include:
 - ✓ Diagnosis, treatment, and/or rehabilitation of any health conditions and/or illnesses. Trainers may refer clients to appropriate health professionals based on the identification of potential risk factors. Personal trainers may also receive exercise, health or nutrition guidelines from appropriate health care providers in order to best meet the fitness needs of the client.
 - ✓ Nutrition or supplement education beyond the USDA Food Guidance System.
 - ✓ Counseling clients in areas of life beyond physical fitness.
- Medical Release: After reviewing a client's health history questionnaire, it may be determined that a medical release is required before an assessment can be completed. These guidelines for medical clearance are based on the American College of Sports Medicine guidelines.
- It is important to eat and hydrate before your session. You are at risk of being sent home, feeling sick/weak, or inhibiting progress by showing up not prepared. Your trainer has a right to discontinue the session.
- Keep in mind our policy on attire: athletic shoes and apparel are required to use this facility. Weight room rules are posted on the walls throughout the building.
- Personal trainers are expected to follow all rules of the facility.

_____ **(Initial here)**

- I understand the refund policies of Recreational Services Personal Training program: All appointments expire 6 months from the date of purchase without refunds, unless serious extenuating circumstances prevent the client from returning. Cancellations ***not*** made 6-hours in advance of the scheduled appointment will be forfeited by the client.

_____ **(Initial here)**

**Winthrop University-Office of Recreational Services
West Center Personal Training
Waiver of Liability and Release**

Participant _____
(Please Print) Name (Last, First, M.I.) _____
Address _____
City, State, Zip Code _____
Date of Birth _____

Date _____
SS# or CWID# _____
Phone # _____
Email _____

DESCRIPTION OF ACTIVITY: Personal Training

LOCATION(s) of Activity: Lois Rhame West Health, Physical Education and Wellness Center

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE YOU SIGN THIS DOCUMENT.

In consideration of being permitted to Participate in the Lois Rhame West Health, Physical Education and Wellness Center Group Exercise Program, I, in full recognition and appreciation of the dangers and risk inherent in such an activity, do hereby covenant not to sue, and hereby waive, release and forever discharge the Winthrop University, its officers, agents and employees, from and against any and all claims, demands, actions, or causes of action, for costs, expenses or damages to personal property, or personal injury, or death, which may result from my participation in the aforesaid activity.

I acknowledge that my participation in the above activity is voluntary. I also understand and acknowledge that the activity may be hazardous, that my participation is solely at my own risk, and that I voluntarily assume full responsibility for any resulting loss of property, injury, or damage including death, whether caused by negligence of Winthrop University, it's governing board, officers, employees, or representatives, or otherwise. I further declare that I am physically fit and capable to participate in such activities. I acknowledge and represent that I am at least eighteen years of age, that I have carefully read this document and that I sign freely and voluntarily.

I recognize that this Waiver of Liability and Release means that I am giving up, among other things, rights to sue Winthrop University, its officers, agents, and employees, for injuries, damages or losses I may incur as a result of my participation in the aforesaid activity. I also understand that this Waiver of Liability and Release binds my heirs, next of kin, executors, estate, personal representatives, attorneys-of-law, attorneys-in-fact, administrators and assigns, as well as myself. I further agree to indemnify and hold Winthrop University, its officers, agents, and employees harmless from any loss, liability, damage or costs including court costs and attorney's fees incurred as a result of my participation in this activity. This Waiver of Liability and Release shall be governed by and construed under the laws of the State of South Carolina.

I agree to abide by the rules and regulations that Winthrop University, the Office of Recreational Services and the West Center have established or will establish. I have read this Waiver of Liability and Release, and I fully understand it and agree to be legally bound by it.

Signature of Participant

Date

Membership Status: (Please initial one)
____ Faculty/Staff Membership
____ Retiree
____ Student
____ Alumni

Physical Activity Readiness Questionnaire (PAR-Q) and You

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:

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

YES to one or more questions

If
you
answered:

Talk to 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.

NO to all questions

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.

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.

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

Name _____

Signature _____

Date _____

Signature of Parent _____

Witness _____

or Guardian (for participants under the age of majority)