

Fitness/Wellness Program- Group Training

CREATE YOUR OWN SMALL GROUP

NAME: _____

E-ID: _____

Group Team Name: _____

Date: _____

Group Training Policy

- Group Personal Training participants are responsible for following all facility guidelines, including presenting proper identification to gain access to the building and wearing closed-toe athletic shoes and proper workout attire. Individuals are responsible for maintaining eligibility to participate with a valid RecSports membership.
- By signing up for a Group Personal Training series, participants are agreeing to attend training sessions scheduled by the Personal Trainer and your group. It is the team captain's responsibility to provide dates/times that work for all group members. If a group member misses a group training session, they are not eligible to re-schedule.
- Refunds will not be issued for missed sessions. A partial refund may be approved at the discretion of the Assistant Director if the individual has a change in health status accompanied by confirmation from a medical professional. In the case of all refunds, a \$10.00 processing fee may be assessed.
- In the event a participant's health status changes, he/she is responsible for notifying the trainer and updating paperwork on file in the GRE Programs office. Certain medical conditions, for the safety and wellbeing of the individual, may require a modification of the current exercise program.
- Balance must be paid prior to the scheduled start date. (If a member drops out the individual session rate may vary based on membership affiliation)

Signature

Date

Health / Medical History Questionnaire: (Please complete this section as thoroughly as possible)

Physician's Name: _____ Phone: _____

Does your physician know you are participating in an exercise program? Yes No

Do you have any physical limitations that would restrict/limit participation in any activity? Yes No

If yes, please specify

PERSONAL MEDICAL HISTORY

Please check yes or no for the following questions:

<i>Do you now have or have you had in the past:</i>	Yes	No	<i>If yes, please explain.</i>
Heart disease or stroke			
Irregular heartbeat			
Defective heart valve(s)			
Angina			
Heart attack (MI)			

	Yes	No	
Pulmonary disease			
Stroke			
Diabetes			
High cholesterol levels			Last measured level:
Depression			
Fatigue			
Peripheral Vascular Disease			
Hypertension			
Cancer			Specify Type:
Back Pain			
Joint Pain			Specify Type:
Migraines/Headaches			
Asthma			Exercise Induced?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lightheadedness/Fainting			
Allergies			
<i>Females only:</i> Is there a possibility that you could be pregnant?			Are you pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many months? _____

FAMILY MEDICAL HISTORY

Please check yes or no for the following questions:

<i>Is there a history of any of the following in your immediate family?</i>	Yes	No	<i>If yes, please explain.</i>
Heart attack prior to the age of 50?			Who?
Heart disease prior to the age of 50?			Who?
Diabetes			
High Cholesterol			
Hypertension			
Stroke			

Please list any major surgeries you have had and the approximate date of each:

Please list any medications you are currently taking that may inhibit or affect physical activity.

Do you currently smoke cigars/cigarettes/pipes? Yes No No, but smoked in the past

Please place a check mark next to the most appropriate description of the amount of stress you feel each day.

No Stress Occasional Mild Stress Frequent Moderate Stress Frequent High Stress Constant High Stress

Notice Concerning Your Information:

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have The University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: cfo@www.utexas.edu)

**The University of Texas at Austin
Division of Recreational Sports - Fitness/Wellness Program**

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT:

Name (last name, first name - please print)

Address

City, State, Zip Code

PROFESSIONAL GROUP TRAINING

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the supervised exercise program described above. I acknowledge that the nature of this activity may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in this exercise program, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, assigns for any and all claims and causes of action for loss or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in this exercise program, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described exercise program.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO IDEMNIFY THE PARTIES NAMED FOR ANY LIABILTY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date Signed

Signature of Witness

Date Signed