

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			
<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? _____

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

Medication: _____

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)

Division of Recreational Sports - Fitness/Wellness Program

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: _____
Name (last name, first name - please print)

PROFESSIONAL PERSONAL TRAINING / FITNESS ASSESSMENT

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the supervised new member orientation program program. 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 LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date Signed

Signature of Witness

Date Signed

Printed Name of Witness

Through your assistance in understanding and adhering to the policies established, UT RecSports can continually provide an inspiring, safe and educational environment for the diverse population it serves.

CERTIFIED PERSONAL TRAINING POLICY REVIEW & CHECKLIST

By initialing next to each directive below and signing this policy review & checklist, you are indicating that you have read, understood and will abide by the policies stated.

Initial:

Gregory Programs Office Operational Hours

The Gregory Gym Programs office is available to assist in answering questions and facilitating registration. Business hours are: Monday - Friday, 8am - 5pm

Facilities Available for Orientation

Only one free orientation is permitted with the purchase of a new membership at the gym of your choice. The gyms available for orientation are: GRE Fac/Staff, GRE, RSC and BEL.

Identification

All RecSports facilities are controlled access facilities. Identification must be presented at the front desk to gain access to the buildings.

Facility Cleanliness

You are responsible for wiping down equipment after personal use as needed. Cleaning solution is located in spray bottles along with towels provided throughout the facility for your convenience. Please wipe down cardiovascular and other training equipment in an effort to help us maintain a sanitary workout environment.

Attire

All participants are expected to wear closed-toe athletic shoes and proper workout attire when training.

Refund Policy

The New Member Orientation is offered as a free service to you. If you miss your scheduled appointment without giving 24hr notice of cancelation, you will forfeit your session.

Late Policy

You are responsible for arriving in a timely manner to your session. The personal trainer is required by policy to wait 10 minutes beyond the scheduled start time before the session is considered forfeited.

I have read and understand the policies and procedures stated above.

Signature of Participant

Printed Name of Participant

Date Signed