

Health / Medical History Questionnaire

Please complete this section as thoroughly as possible.

Physician's Name: _____

Physician's 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)			
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			

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 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 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 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

CERTIFIED PERSONAL TRAINING POLICY REVIEW & CHECKLIST

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.

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

Identification

Gregory Gym and all other 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

An individual registering for Certified Personal Training agrees to complete all sessions by the end of the client's eligibility, or by the end of the fiscal year (8/31 of each year). All sessions not accounted for will be forfeited. A partial refund may be approved at the discretion of the Assistant Director if: 1) the individual has a change in health status accompanied by confirmation from a medical professional. 2) The individual's eligibility to participate unexpectedly changes (ie- membership expires). In the case of all refunds, a \$10.00 processing fee may be assessed.

Transfer Policy

All personal training sessions are non-transferable.

Late Policy

Personal training clients are responsible for arriving in a timely manner to their sessions. The personal trainer is required by policy to wait 10 minutes beyond the scheduled start time before the session is considered forfeited. If a client's session begins late due to the client's late arrival, the trainer reserves the right to deduct those minutes from the session.

Cancellation Policy

Except in the event of an emergency, a minimum of 24 hours notice is required for the cancellation of a personal training session. Clients may be charged for sessions cancelled with less than 24 hours notice. Personal training clients should contact their trainer directly should they need to cancel. If a client is unable to reach their trainer, they may contact the Programs Office at 471-3116.

Health Status

In the event that the status of your health changes, it is your responsibility to notify your trainer and update your paperwork on file in the GRE Programs Office. Certain medical conditions, for your safety and wellbeing, may require a modification to your exercise regimen.

Expiration of Certified Personal Training Sessions

All sessions expire August 31st of each fiscal year.

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

Signature of Participant

Printed Name of Participant

Date Signed

Exercise History Questionnaire

Please take the time to complete this questionnaire to maximize your training sessions and facilitate the tailoring of your exercise regimen to your goals.

Do you exercise most days of the week?

- No, but I would like to in the near future. Yes, I have been for less than 6 months
 Not consistently, but I intend to in the next 30 days. Yes, I have been for more than 6 months.

Do you perform any cardiovascular activity?

- Yes No

How often? <1 x per month 1-2 x per week 3-5 x per week 6 or more x per week

How long? 10-20 minutes 20-30 minutes 30-40 minutes 45+ minutes

What intensity?

- light moderate vigorous

Do you perform any resistance/strength training?

- Yes No

How often? <1 x per month 1-2 x per week 3-5 x per week 6 or more x per week

How many sets and repetitions?

_____ Sets _____ Repetitions

What muscles do you typically train?

- Abs Arms Back Legs Chest Shoulders

Do you perform any flexibility training?

- Yes No

Setting realistic goals is an integral part of your exercise program. Goals help you to stay focused while bringing meaning to your fitness program. So we can better assist in designing a program that will help you achieve your goals, *please indicate, with a check mark, your top 3 goals:*

- Attain a Healthier Weight Improve Flexibility Increase Muscle Tone
 Improve Cardiovascular Fitness Increase Strength Reduce Stress
 Improve Nutrition / Eating Habits Maintain Weight Establish a routine
 Gain Weight Decrease Body Fat Increase Energy

What are your personal barriers/challenges with exercise?

Why did you choose to work with a trainer at this time?

How much time are you realistically willing and able to dedicate to an exercise program?

_____ Minutes/Day _____ Days/Week