

Client/Personal Trainer Guidelines

The guidelines that are outlined below are to ensure that the responsibility and relationship between the Trainer and the Client is clearly appreciated and understood.

Client's Responsibilities:

- Share all health history information and any medical concerns with the trainer
- Notify your trainer about medications you are on and any time new medications or diagnoses are given.
- If at any time during your workout, you feel discomfort or pain you must tell your trainer.
- Reaching your fitness goals is not always an easy accomplishment. It takes hard work and dedication. Your trainer will ensure correct exercise program development and technique; however, you must provide the commitment to give 100% of your energy and concentration to each session. This combination is to ensure your success!
- Your payment for the Personal Training service must be made prior to your first training session. The trainers are not able to take money from clients so you must plan to pay at the Community Center Front Desk between normal working hours.
- The time of this training session is agreed upon between the client and the trainer. If the client is late, the session will only last until the end of the hour for which that session was scheduled.
- If a session needs to be cancelled for any reason, a 24 hour notice must be given to the trainer and to the Fitness Supervisor. If prior notification is not given, that session will be forfeited.

Trainer's Responsibilities:

- Each training session is individually designed to meet your needs and goals and will last a maximum of 60 minutes (unless specified beforehand).
- The personal trainer is there to create a workout program that is safe, effective, and conducive to reaching the goals that been agreed upon by the client and trainer.
- If the trainer is late for a session, that time is owed to the client. If the trainer must cancel a session, the session is owed to the client.
- All information regarding your program and progress is confidential and will remain on file for 3 years following the cessation of your participation in the program.
- If you have any feedback regarding your trainer, or questions, please contact the Fitness Supervisor at 858-0360.

I understand and agree to the roles and responsibilities explained above:

Client's Signature: _____

Date: _____

Trainer's Signature: _____

Date: _____

Training: Client Profile

Client: _____ Age/DOB: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Preferred Days and Times to Train: _____

Occupation: _____ Hrs/Week: _____

Prescribed Medications: _____

Allergies: _____

Please list any medical issues that you have been treated for/are currently being treated for:

Are you currently experiencing pain during any daily activity? Yes___ No___

If Yes, Please explain _____

Have you worked with a Personal Trainer before? (When/How Long/Outcome)

Emergency Contact Info (2):

Name: _____ Relationship: _____

Phone _____

Name: _____ Relationship: _____

Phone _____

Physical Activity Readiness Questionnaire (PAR-Q)

• Please read the following questions carefully and check (X) the appropriate answer. Answer all questions honestly and to the best of your ability.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition (had a Stroke, heart attack, or heart surgery) and/or 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. Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have a diagnosed illness that could be made worse by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is your doctor currently prescribing medication for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you know of any other reason why you should not do physical activity? |

Please circle appropriately: Male 45 or older Female 55 or older N/A

Fitness Participation Agreement

I have voluntarily chosen to participate in fitness activities offered by the Fruita Community Center. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self-determine my exertion through good judgment and to discontinue any activity that exceeds my personal limitations. I understand that by signing this agreement that I hereby waive and release Nova Southeastern University, its president, Board of Trustees, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I affirm that I have read and understand this document and I wish to participate in fitness activities.

Signature of Participant

Date

Client Questionnaire:

What are your reasons for seeking a Personal Trainer? _____

What are your expected outcomes? _____

Please list two short-term fitness goals:

1) _____ 2) _____

Please list two long-term goals:

1) _____ 2) _____

What motivates you? Are you intrinsically or extrinsically motivated? _____

Please describe your attitude toward fitness: _____

What do you value in your personal fitness program? _____

What makes you fall off your fitness routine? _____

What do you like/dislike about exercise? _____

What are your favorite physical activities? Which do you dislike? _____

What is your favorite type of music to exercise to? _____

Where will you find support during your training efforts? _____

Have you communicated your objectives, goals and needs to your support group? _____

Please indicate any concerns you have regarding your training: _____

Health & Fitness Liability Waiver / Informed Consent Form

“I, _____, have enrolled in the personalized health and fitness program offered through the Fruita Community Center. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Fruita Community Center.”

“In consideration of my participation in this program, I, _____, hereby release Fruita Community Center and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.”

“I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Fruita Community Center and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.”

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Participant Signature

Date

Personal Training Request/Information Form

Preferred Times and Days to Train: _____

How many times per week would you like to train? _____

Is this your first time working with a Personal Trainer? _____

What is your current activity level regarding exercise? (Circle one):

Very High

High

Moderate

Low

New to Exercise

Personal Trainer Preference (If you do not have a preference, we can assign you a trainer based on your information and goals.): Name _____