Welcome to the Warhawk Fitness Personal Training program! We are thrilled that you chose us as a part of your commitment to health and fitness. Our skilled fitness professionals are ready to provide you with the necessary information and motivation to help you reach and maintain your personal fitness goals.

The following information will provide you with important program policies. Before getting started, please read and sign this form so that we can be sure that you have been provided with and understand this information.

**FITNESS MEMBERSHIP**
A Warhawk Fitness Membership is required to participate in Personal Training services.

**PAYMENT**
Payment for sessions must be made in advance of meeting with your trainer. Additional sessions may be purchased in Williams Center Room 100, 262-472-1145, (Monday – Thursday 7:30a – 11p, Friday 7:30a – 9p, Saturday 10a – 5p, and Sunday 12n – 9p) or at the University Fitness Center, 262-472-1260, Well’s Hall basement, (Monday – Thursday 6:30a – 11p, Friday 6:30a – 7p, Saturday 10a – 2p, and Sunday 4p – 11p). Summer hours will vary.

**EXPIRATION DATE**
All Warhawk Fitness Personal Training sessions have an expiration date of one year from the date of purchase. After the expiration date, any remaining sessions will be invalid. Sessions can be frozen for medical purposes only and require medical documentation. Frozen sessions will be held for one year after which time any remaining sessions will become invalid.

**CANCELLATIONS**
In order to cancel or reschedule an appointment, you must contact your trainer at least 24 hours in advance of the scheduled appointment or you will be charged for that session. (NOTE: any exception to this policy will be made purely at the discretion of the trainer.)

**TARDINESS**
All clients and trainers are encouraged to be prompt. If a client arrives late, this time will be deducted from the session; contrarily, if a trainer arrives late, the amount of time will be added for an extended session. Please be advised that trainers are required to wait 15 minutes for a scheduled client, after which time the session is subject to cancellation and clients will be charged for a full session.

**REFUNDS AND CREDITS**
The Warhawk Fitness Personal Training program does not offer refunds or credits, so please be sure that our services will match your needs before committing through payment. If you find that your needs change once you have begun this program, please let us know; we are eager to find a way to accommodate you within this program.

I have read and will comply with the above information.

____________________________________________________
Name (please print)

____________________________________________________
Signature

_________________________  _________________________
Date
INFORMED CONSENT AND WAIVER

I, ______________________________, do hereby consent to participate in a personal training program that will include weight training and/or cardiovascular exercise. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made to minimize these risks.

Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician or the program's Supervisor (for record keeping purposes) without my expressed written consent.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the personal training program (Warhawk Fitness Personal Training program) I will discuss these questions with my trainer or the program supervisor immediately.

In addition, I agree to the following:

a) assume all risk of injury and all risk of damage to or loss of property arising out of my participation in this program;

b) release, discharge, and waive any and all responsibility of the Office of Recreation Sports and Facilities and the University of Wisconsin – Whitewater from and against any liability of injury, including death, and for damage to or loss of property which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program; and

c) indemnify and hold harmless University, its officers, agents and employees from and against all liability, claims, demands, actions, loss, and damage arising out of my participation in said Warhawk Fitness Personal Training program.

Consenting Signature:

____________________________________________________
Name (please print)

____________________________________________________
Signature 

__________ Date
Physical Activity Readiness Questionnaire
PAR-Q

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

YES NO

1. ☐ ☐ Has your doctor ever said you have heart trouble?
2. ☐ ☐ Do you frequently have pains in your heart and chest?
3. ☐ ☐ Do you often feel faint or have spells of severe dizziness?
4. ☐ ☐ Has a doctor ever said your blood pressure was too high?
5. ☐ ☐ Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
6. ☐ ☐ Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. ☐ ☐ Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions...

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

If you answered NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise test.
PERSONAL HEALTH HISTORY

Name (please print): ________________________________________________________________

Address: ______________________________________ City, State ______________________ Zip  __________

Telephone: (Day) ________________________________ (Eve) ________________________________

Gender:    male      female     Age: __________ Date of Birth: ________________________________

UW-Whitewater Affiliation:  □ Student  □ Fac/Staff  □ Community Member

CARDIOVASCULAR RISK
Please check any that apply and age of onset:

High Blood Pressure  □  □  □  □

High Cholesterol  □  □  □  □

Diabetes  □  □  □  □

Heart Disease  □  □  □  □

Bypass Surgery  □  □  □  □

Stroke  □  □  □  □

Do you presently smoke cigarettes? ______________ If so, how many per day? ______________

Have you ever quit smoking? ________________ If so, how long ago did you quit? ________________

PERSONAL HISTORY

Date of last physical examination _____________ Height ____________ Current Weight _____________

Has you doctor ever restricted your physical activity? __________ If yes, please explain ____________

Do you have any allergies? ___________ If so, please list ________________________________

Do you ever experience chest pains or tightness? __________________

Do you ever experience unusual shortness of breath during mild physical activity? ________________

Are you presently taking any medication? ___________ If so, please list type and purpose ________

Do you ever experience dizziness during vigorous physical activity? ________________

Have you ever passed out during vigorous physical activity? ________________

Do you have any (other) medical conditions, which limit your ability to exercise? ________________

If so, please explain __________________________________________________________________

If you are female, are you currently pregnant?    YES    NO
INJURIES
Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:

- broken bones
- muscle strain/sprain
- ligament, tendon, or cartilage injury
- joint injury or chronic pain
- back injury or chronic pain
- nerve entrapment (e.g. carpal tunnel syndrome)
- other

Are you currently being treated for any of the above injuries? If so, please specify the type of treatment.

LIFESTYLE
If you are currently employed, do you consider your job to be
- sedentary or active?

Are you
- generally sedentary
- a weekend or vacation exerciser
- physically active once or twice a week
- physically active more often

Do you currently have a regular exercise program? If yes, please describe.

TRAINING INTEREST AND GOALS
Please check any activities in which you are interested in participating:

- strength training
- marathon training
- triathlon training
- running mechanics
- swimming
- core specific
- stability/balance
- weight loss
- increase strength
- increase endurance
- rehabilitation
- sport specific
- increase flexibility
- other

How much time do you want to spend working out?

Do you have any exercise equipment at home?

Do you feel that there are any specific exercises that would not interest you or might cause you pain or discomfort?

What goals do you have concerning your training and health?