



PERSONAL TRAINING

PROGRAM INFORMATION AND POLICIES

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



PERSONAL TRAINING

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



PERSONAL TRAINING

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. ☐ YES ☐ NO Has your doctor ever said you have heart trouble?
2. ☐ YES ☐ NO Do you frequently have pains in your heart and chest?
3. ☐ YES ☐ NO Do you often feel faint or have spells of severe dizziness?
4. ☐ YES ☐ NO Has a doctor ever said your blood pressure was too high?
5. ☐ YES ☐ NO 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. ☐ YES ☐ NO Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. ☐ YES ☐ NO 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 TRAINING

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:

| | You | Mother | Father | Grandparent |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High Cholesterol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bypass Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 your 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?

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