

## UW-Whitewater – Recreation Sports & Facilities Personal Training Agreement Form – **New Client**

First and Last Name (print)	Date	ID#
Email		Cell/Main Phone #
<ul style="list-style-type: none"> <li>• Completed PT Info Packet must be turned in with payment &amp; availability</li> <li>• Initial contact from the program will be an email</li> </ul>		Personal Trainer Requested

Warhawk Fitness Membership (required):

- ◇ I have a current membership
- ◇ I need to purchase a membership

Affiliation:

- ◇ UW-W Student
- ◇ UW-W Faculty/Staff
- ◇ Community Member

Location Preference:

- ◇ Williams Center Weight Room
- ◇ University Fitness (Wells Hall)

**\*\*\* ALL SERVICES MUST BE PAID FOR PRIOR TO FIRST SCHEDULED APPOINTMENT \*\*\***

**Select the times you are available/would prefer to train:**

	Monday	Tuesday	Wednesday	Thursday	Friday
6a – 8a					
8a – 10a					
10a – 12n					
12n – 2p					
2p – 4p					
4p – 6p					
6p – 8p					
8p – 10p					

Scheduling Notes:

- If you are training with a partner make sure everyone has the same availability before signing up. WC Weight Room opens at 6a and University Fitness at 7a (M-F).
- Saturday and Sunday are by appointment only

Employee Initials	Date	Amount Paid	Payment Type: ◇ Student Billing    ◇ Cash ◇ Purple Points    ◇ Check <span style="float: right;">(#     )</span>
_____	_____	_____	

## Personal Training Package Options

	<b>One-On-One</b>		<b>Partner</b> (Price Per Person)
Assessment (1 hour, includes InBody Scan) Required for NEW Clients	\$35		\$35
Assessment + Program (2 appointments, 1 hour each)	\$50		\$45
<b>Session Options</b>	<b>One-Hour Sessions</b>	<b>30 Minute Sessions</b>	<b>One-Hour Sessions</b>
Single Session: Quantity _____	\$20	\$12	\$15
5 Session Package	\$100	\$60	\$75
10 Session Package	\$180	\$120	\$130
20 Session Package	\$320	\$240	\$220
<b>Total Due:</b>			

### InBody Scan

	<b>Member</b>	<b>Non-Member</b>
Single Scan	\$15	\$20
3 Scan Package	\$35	\$50
5 Scan Package	\$68	\$90
<b>Total Due:</b>		

### InBody Scan Information

- PT Info Packet is NOT required
- Appointment lasts about 15 minutes
- Make sure you get a copy of your receipt (this will be handed into the trainer)
- First contact will be via email including the protocol to be followed for the best results.

# Warhawk Fitness Personal Training

## Program Information & Policies      Informed Consent & Waiver

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 Personal Trainers 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/EXPIRATION DATE**

Payment for sessions must be made *in advance* of meeting with your trainer. Additional sessions can be also be purchased in Williams Center Room 100. 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/TARDINESS**

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.) 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.

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I, \_\_\_\_\_, do hereby consent to participate in the *Warhawk Fitness 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 of Wisconsin-Whitewater, UW System, UW System Board of Regents, 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.

**I have read and will comply with all of the information contained in this document.**

Consenting Signature:

Print Name	Signature	Date
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# Warhawk Fitness Personal Training Personal Health History

Print Name (First and Last):	Age:	Date of Birth:	Height
Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary	Affiliation: <input type="checkbox"/> UW-W Student <input type="checkbox"/> UW-W Faculty/Staff <input type="checkbox"/> Community Member		
If you are currently employed, do you consider your job to be: <input type="checkbox"/> sedentary <input type="checkbox"/> active?		How many days/week are you interested in working with a trainer?	
Are you: <input type="checkbox"/> generally sedentary <input type="checkbox"/> a weekend or vacation exerciser <input type="checkbox"/> generally inconsistent <input type="checkbox"/> consistently workout 1 – 2 times/week <input type="checkbox"/> consistently workout 3+ times/week			
If you workout on a regular basis, what is your general program?			
Do you have any exercise equipment at home that you would want to include in your program?			
Do you feel that there are any specific exercises that would NOT interest you or might cause you pain or discomfort?			
What are your goals?			

## PAR-Q (Physical Activity Readiness Questionnaire)

YES	NO	
		Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		Do you know of any other reason why you should not do physical activity?

**CARDIOVASCULAR RISK** (Please check any that apply and age of onset)

	YOU	MOTHER	FATHER
High Blood Pressure			
High Cholesterol			
Diabetes			
Heart Disease			
Bypass Surgery			
Stroke			

**PERSONAL HISTORY**

YES	NO	
		Do you currently smoke cigarette? If yes, how many per day?
		Have you ever quite smoking? If yes, how long ago?
		Are you currently pregnant? If not applicable (N/A), leave blank.
		Has your doctor ever restricted physical activity? If yes, explain:
		Are you presently taking any medication? If yes, list type and purpose
		Do you have allergies? If yes, explain:
		Do you have any other medical conditions that limit your ability to exercise? If yes, explain:

**INJURIES** (if currently being treated for any, describe)

YES	NO	
		Broken Bones
		Muscle Strain/Sprain
		Ligament/Tendon/Cartilage Injury
		Joint/Back Injury/ Chronic Pain
		Nerve Entrapment (ie. Carpal Tunnel Syndrome)
		Other