

Personal Training
New Client Packet – Personal Training/Fit for Hire



Date ____/____/____ Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Trainer Preference ____ Male ____ Female ____ No Preference

**If you would like to work with a particular trainer please indicate the name _____

Consultations Available for Purchase

Please select the consultation you would like to purchase

____ Consultation One-on-One Personal Training (\$20)

Policies for the Personal Training Program

- **Consultation:** Once a personal training consultation or session package has been purchased and all forms are completed, the assigned personal trainer will contact you within 1 week from the date of registration. After three consecutive attempts to schedule the consultation or session with no response from the client, the Personal Training fee/package will be considered null and void.
- **Late Policy:** You are responsible for being on time for your appointment. Your trainer is only required to wait 10 minutes. If your session begins late it will only last until the end of the hour that the session was scheduled.
- **Cancellation Policy:** Clients must notify their trainer **at least 24 hours** in advance to re-schedule an appointment. Failure to do so will result in forfeiture of the session. There will be NO REFUNDS and NO EXCEPTIONS. Your trainer is also responsible for giving 24 hour notice if he/she needs to cancel or re-schedule.
- **Remaining sessions:** All sessions must be used by the end of the fiscal year (July 1st – June 30th). After the trainer attempts to contact the client to schedule remaining sessions three consecutive times without a response from the client, all remaining sessions will be considered null and void. At this point the client will no longer be able to access these sessions (regardless of how many are left).
- You must have a valid UCR ID or current Campus Recreation membership to participate.
- You are required to purchase sessions before you schedule or use them. If you have used all of your sessions and want to continue to be trained, you must purchase more sessions.
- **There are NO REFUNDS for sessions purchased.**
- If you feel a personal trainer or other fitness staff does not provide a sufficient level of customer service, please contact the Fitness & Wellness office at (951) 827-4472.

I have read and understand the conditions stated above.

Signature _____

Date _____

SRC Use Only

Amount Paid: \$ _____

Circle One: CASH CHECK CHARGE

Personal Training

Fitness & Wellness

To assist us with annual reports on program demographics, the following information is useful to the department but is not a requirement for participation in the personal training program.

Please circle the appropriate answer:

Student Freshman Sophomore Junior Senior Graduate IEP

~OR~

Membership Staff Faculty UC Alumni Post Baccalaureate Dependent

Sex Male Female Intersex

Age 17 & Under 18-20 21-24 25-30 31-40 41+

Residence Residence Hall Riverside Moreno Valley Corona Other

Ethnicity American Indian or Alaskan Native Asian or Pacific Islander
White Black or African American
Hispanic or Mexican American Other, please specify _____

Health History

Age _____ Sex _____ Height _____ Weight _____

Physician's Name _____ Physician's Phone # _____

Person to Contact in Case of Emergency

Name _____ Phone _____

Are you currently taking any medications? If so, please list the medication and reason:

Please check **YES** or **NO** for the following questions

Do you now have or have you had in the past:

	YES	NO
History of heart problems or stroke		
Increased blood pressure		
Any chronic illness or condition		
Advice from physician not to exercise		
Recent surgery (last 12 months)		
Pregnancy (now or within last 3 months)		
History of breathing or lung problems		
Muscle, joint or back disorder; or any previous injury		
Diabetes or thyroid condition		
Cigarette smoking habit		
Obesity (more than 20% over ideal body weight)		
Increased blood cholesterol		
History of heart problems in immediate family		
Hernia, or any condition that may be aggravated by lifting weights		
Difficulty with physical exercise		

Please explain any **YES** answers below:

Exercise History & Attitude Questionnaire

Circle and fill out the information below.

In the past year, how often have you been engaged in physical activity?	regularly (3-4 times/wk.)	semi-regular (1-2 times/wk.)	sporadic (1-2 times/mo.)	none	
Are you currently following a regular cardiovascular exercise training program?	Yes	No	If Yes, what type of exercise? _____ Minutes/day____ Days/week_____	If Yes, how long have you been following the cardiovascular exercise program? Months_____ Years_____	Rate your perception of the exertion of your cardiovascular training program (circle one) Light Fairly Light Somewhat hard Hard
Are you currently following a resistance training program?	Yes	No	If Yes, what type of exercise? _____ Minutes/day____ Days/week_____	If Yes, how long have you been following the resistance training program? Months_____ Years_____	Rate your perception of the exertion of your resistance training program (circle one) Light Fairly Light Somewhat hard Hard

4. Rank your goals in undertaking exercise: Use the following scale to rate each goal separately.

Extremely important Somewhat important Not at all important
 1 2 3

Goal	1	2	3
Improve Cardiovascular Fitness			
Body-fat weight loss			
Reshape or tone my body			
Improve performance for a specific sport			
Improve moods and ability to cope with stress			
Improve flexibility			
Increase strength			
Increase energy level			
Feel better			
Enjoyment			

5. How much time are you willing to dedicate to an exercise program?

_____ minutes/day _____ days/week

6. Do you start exercise programs but then find yourself unable to stick with them?

_____ yes _____ no

7. What are your personal barriers/challenges with exercise?

8. What types of exercise interest you? Check all that apply.

- cardiovascular machines abdominal strength exercises
 running/walking program weight machines
 free weights flexibility
 sport skills group exercise classes
 mind/body other: _____

9. How many meals or snacks do you have per day?

10. Do you feel that you eat healthy most of the time?

- yes no

Please indicate times you are available to work with a trainer:

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Personal Trainer Comments:

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the Personal Fitness Training Program at the UCR Student Recreation Center for sessions from _____ to _____ (hereinafter known as the “Program”), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Program.

Signature of Parent/Guardian of Minor

Date

Signature of Participant

Date

Assumption of Risks: Participation in the Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the Program and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor

Date

Signature of Participant

Date

Participant’s Age (if minor) _____