



PERSONAL TRAINING REGISTRATION PACKET

Client name:

Sessions Purchased: ___ 30 Minutes ___ 60 Minutes

 ___ 3 Sessions ___ 5 Sessions ___ 10 Sessions ___ 15 Sessions

Purchase Date:



PERSONAL TRAINING

General and Healthy History Questionnaire

Name: _____ Penn ID: _____

Date of Birth: _____

E-mail Address: _____ Phone Number: _____

University Status:

Undergrad ____ Grad ____ Faculty/Staff ____ Member ____ Non-Member ____

Sex: ____ Height: ____ Weight: ____

Physician's Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

1. Is this your first time working with a personal trainer? ____ Yes ____ No

2. Please list your personal health and fitness goals:

3. Please describe any limitations/restrictions that your trainer should be made aware of prior to beginning your personalized program.

4. Please indicate what day(s) are best for you to commit to your personal training sessions.

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday

5. Please indicate what time(s) are best for you to commit to your personal training sessions.

____ 6-9AM ____ 9-12 PM ____ 12-3PM ____ 3-6PM ____ 6-9PM

6. Do you have a gender preference? ____ Male Trainer ____ Female Trainer ____ No Pref.

7. Would you like to request a specific trainer? _____

Questions? Contact Janna Rothschild: jannaro@upenn.edu



PERSONAL TRAINING

This form is not a substitute for a thorough physical examination, assessment or diagnosis by your physician. It is designed to identify adults for whom physical activity might be inappropriate at this time. The Department of Recreation strongly recommends that each member undergo a medical examination before beginning.

PLEASE CHECK ALL THAT APPLY

Have you ever been treated for, or diagnosed with the following?

- | | |
|--|--|
| <input type="checkbox"/> Heart Attack/Heart Disease | <input type="checkbox"/> Diabetes Mellitus |
| <input type="checkbox"/> Coronary Bypass/Heart Surgery | <input type="checkbox"/> Angina Pectoris |
| <input type="checkbox"/> Embolism | <input type="checkbox"/> High Blood Pressure (Req. Medication) |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Epilepsy or Seizures |
| <input type="checkbox"/> Metabolic Syndrome | <input type="checkbox"/> Chronic Asthma/Lung Disease |
| <input type="checkbox"/> Thyroid Condition | <input type="checkbox"/> Cancer (Please Specify: _____) |
| <input type="checkbox"/> Surgical Weight Reduction Procedure | |
| <input type="checkbox"/> Other not listed: _____ | |

If you checked any of the above conditions, you MUST have medical clearance prior to exercising and orientation. Please inquire about our physician clearance.

Are you presently under medical care, supervision, or restrictions from your physician for any other health related issues? If yes, please explain:

Is there any other medical condition not mentioned that may limit your physical activity? If yes, please explain.

I understand the nature of the Health History Questionnaire and I am aware that any strenuous physical activity involves risk. Accordingly, I release, discharge, absolve, and hold harmless the University of Pennsylvania, the Department of Recreation and Intercollegiate Athletics, the Penn and Katz Fitness Centers, and Fitness instructors or student employees, and all associated from any and all liability arising out of any accident, injury, or loss sustained by me as a result of activities at or present in the Fitness Centers located at Tse Ping-Cheng Cheung Ling Sports Center and the David Pottruck Health and Fitness Center. I declare, to the best of my knowledge, that all my answers are true, correct, and complete.

Client Signature: _____ Date _____



PERSONAL TRAINING

Agreement and Release of Liability

1. In consideration of gaining membership of being allowed to participate in the activities and programs of the Trustees of the University of Pennsylvania and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Trustees of the University of Pennsylvania and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participations in any activities or my use of equipment in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those cause dby the negligent act or omission of any of those mentioned or others acting on their behalf or in any wa arising, out of or connected with my participation in any activities of the Department of Campus Recreation or the use of any equipment at the University of Pennsylvania.

(Please Initial:)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that these activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept and all risks of injury death.

(Please Initial:)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Trustee of the University of Pennsylvania or use of equipment except as here in after stated. I do hereby acknowledge that I have bene informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physicians as to physical activity, exercise, and equipment use. I acknowledge that I have either had a physical examination and have been given any written physician's permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

(Please Initial:)

4. I consent to the use of my name, portrait, picture, photograph, or video as part of the University of Pennsylvania Campus Recreation Department. I hereby give Penn, its employees, agents, successors, assigns, and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video or photographs of me. I understand that any such recording, videotape and/or photographs belong to Penn and that I will not receive any payment or other compensation in connection with such recording, video or photographs for any use of them by Penn. I agree that Penn may use any such recording, video or photographs in whole or in part, any manner and in any media, including in composite, altered, or distorted form. I waive any right that I may have to inspect or approve the finished products or materials containing my likeness and/or voice, or the printed matter that may be used in connection with such recording, video or photographs.

(Please Initial:)

Signature: _____ Date: _____



PERSONAL TRAINING

Program, Payment, Refund & Cancellation Policy

Program Policy: Each session is based on a 30 or 60-minute workout. To get the most out of our efforts, please be ready to exercise at the appointment time. Keep in mind that when you are late to a session, it will end at the scheduled time. If you are more than 15 minutes late, it will be considered a no-show and a session will be docked.

Please wear loose, comfortable clothing to facilitate ease of movement, along with appropriate athletic footwear. You are required to follow all posted facility rules and regulations while working with a Personal Trainer. The Personal Trainers are available by APPOINTMENT ONLY Monday through Sunday, 7 AM – 7 PM. Sessions before or after this time period or on the weekends may be requested, but not always available. Scheduling early morning, late evening, or weekend lessons are under the discretion of your assigned Personal Trainer, however the trainers are not obligated to entertain these time frames.

Payment & Refund Policy: Payments must be made in advance at the Department of Recreation Membership Services Office located in the Pottruck Center or online. Check, credit card (Visa or Mastercard only), and cash (exact change only) payments are accepted. Personal Trainers are not permitted to receive payments. Checks are to be made payable to 'The Trustees of The University of Pennsylvania'. Payments made outside of these terms will result in termination of all membership privileges to the Department of Recreation.

Session payments are non-refundable. Single sessions and packages up to 5 sessions expire 90 days from the ORIGINAL DATE OF PURCHASE. Packages of 10 or more sessions expire 120 days from the ORIGINAL DATE OF PURCHASE.

Cancellation Policy: You, as the client, have the ability to cancel at any time. A 24 hours' notice is required when canceling an appointment. If you do not provide 24 hours' notice, you will be charged for that session.

Cancellation requests must be communicated directly to your assigned Personal Trainer. During your initial contact with your trainer you will receive his/her contact information. Please retain this information for your records.

In an extreme circumstance, the situation will be reviewed. Extreme circumstances include, but are not limited to, sudden unexpected car trouble, illness, uncontrollable life events, emergencies, etc. The assigned personal trainer does have the right to ask for proof of any such incident. If there should be a discrepancy, the ultimate decision will be left to the Assistant Director of Fitness and Wellness.

I acknowledge and fully understand the Program, Payment, and Cancellation Policy stated above.

Signature: _____ Date: _____