Dear Client:

Thank you for your participation in a personal training service from The University of Pennsylvania’s Department of Recreation. We are looking forward to providing you with a positive experience and assisting you with the achievement of your personal health, fitness, and wellness goals.

Please take a few minutes to review and complete the enclosed program registration and release of liability form, client information sheet, health history questionnaire, program policy form, and program informed consent. These forms will provide our health and fitness professionals with the required information necessary to begin your service. Please do not skip any sections and fill out all forms as legibly as possible.

Should we have any questions regarding your paperwork you will hear from us shortly. Otherwise, you can expect to hear from your assigned trainer within five (5) business days.

Thank you again and please feel free to contact me with any questions regarding our personal training program offerings.

Sessions Purchased: ____________ Date of Purchase: ____________ Date of Expiration: ____________

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.

In Good Health,

University of Pennsylvania Department of Recreation
David Pottruck Health and Fitness Center
3701 Walnut Street
Philadelphia, PA 19104
O | 215.898.6102
Email: pennrec@pobox.upenn.edu
FIRST TIME CLIENT REGISTRATION FORM

NAME: ___________________________________  PENN ID: ________________
DAY PHONE: ____________________________  EVENING PHONE: ________________
EMAIL: ___________________________________  UNIV. STATUS: ___________

PROGRAM INFORMATION

PROGRAM:  PERSONAL TRAINING  # OF SESSIONS: ______  LENGTH: 30 or 60 Minute

AMT PAID: ______

OFFICE USE ONLY-
TRAINER ASSIGNED: ____________________________________

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or 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 University of Pennsylvania and its officers, agents, employees, representatives, executors, and all others from any 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 caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising, out of or connected with my participation in any activities of the Department of 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 any and all risks of injury or 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 hereinafter stated. I do hereby acknowledge that I have been 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 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 :_______________)

Signature: ________________________________  Date: _________________________
CAMPUS RECREATION
HEALTH HISTORY QUESTIONNAIRE

Sessions Purchased: ______________
Today’s Date: ______________

Name: ___________________________ Age: _____ Date of Birth: ______________

Address: __________________________

City: ___________________________ State: ______ Zip: ______

Home Phone: _______________________
Work Phone: _______________________

Email: ___________________________

University Status: Undergrad Student Graduate Student Faculty/Staff Other

Sex: M or F Height: ____________ Weight: ______

Physician’s Name: ___________________________ Phone #: _______________________

Do you currently exercise? Yes No
If no, have exercised in the past? Yes No
How long it has been since you have performed routine exercise at least 3x/week? 0-6 months 6-12 months >1 yr.

IN CASE OF EMERGENCY CONTACT:
Name: ___________________________ Phone #: _______________________

This form is not a substitute for a thorough physical examination, assessment and 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 any exercise programs.

PLEASE CHECK ALL THAT APPLY

HAVE YOU EVER BEEN TREATED FOR, OR DIAGNOSED WITH THE FOLLOWING:

☐ Heart Attack/Heart Disease ☐ Diabetes Mellitus (Req. Insulin Therapy)
☐ Coronary Bypass/Heart Surgery ☐ Angina Pectoris
☐ Embolism ☐ High Blood Pressure (Req. Medication)
☐ Pacemaker ☐ Stroke
☐ Aneurysm ☐ Epilepsy or Seizures
☐ Metabolic Syndrome ☐ Chronic Asthma/Lung Disease

If you checked any of the above conditions, you MUST have medical clearance prior to exercising and orientation. Please inquire about our physician clearance form.
GENERAL HISTORY (check all that apply):
☐ Male over 45 years, or female over 55 years?
☐ Do You Smoke? If no, have you quit within the previous 6 months? ______
☐ Have you had major surgery or been hospitalized within the past year?
☐ Are you currently pregnant? If yes, when are you due? __________

MEDICAL HISTORY (check all that apply):
☐ Asthma and Allergies (req. medication)
☐ High Blood Pressure
☐ Bronchitis
☐ High Cholesterol
☐ Kidney Disorder
☐ Liver Disease
☐ Sleep Disorders (including Apnea)
☐ Surgical Weight Reduction Procedure (gastric bypass, laparoscopic band, etc.)
☐ Cancer (please specify: __________________________)

☐ Stroke
☐ Thyroid Condition
☐ Coronary Heart Disease (heart attack, bypass surgery, chest pain, heart murmur, irregular heart rhythm, other)
☐ Diabetes
☐ Gastric Reflux or Heartburn
☐ Other not listed: __________________________
(please specify: __________________________)

If you checked any of the above boxes, please provide further details:
______________________________________________________________________________________________________
______________________________________________________________________________________________________

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

MUSCULOSKELETAL HISTORY (Have you ever had or done any of the following?)
☐ Arthritis
☐ Bone Conditions (fractures, low density, vitamin and mineral deficiencies, osteoporosis, other)
☐ Chiropractic Care
☐ Chronic joint problems
☐ Physical Therapy
☐ Serious injury from physical activity, accidents, etc.

If yes, please explain:
______________________________________________________________________________________________________
______________________________________________________________________________________________________

OTHER:
Is there any other medical condition not mentioned that may limit your physical activity: __________________________
______________________________________________________________________________________________________

Please list all prescription and/or over the counter medications you currently take: __________________________
______________________________________________________________________________________________________

Please list all vitamins, minerals, and nutritional supplements you currently take: __________________________
______________________________________________________________________________________________________

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 Hutchinson Gymnasiums 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.

Signature of Client: ____________________________ Date: ___________
Personal Training Program
Client Information Sheet

Please circle/answer the following questions in order to provide us with pertinent information that will aid in the development of your personalized training program.

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

2. Why have you decided to participate in the Penn Personal Training Program?

3. Please list your personal health and fitness goals in order of importance:

4. When would you like achieve these goals by?

5. Please list any additional activities that you are currently participating in or have participated in the past (sports, recreational hobbies, walking, cycling, group exercise classes, etc.):

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

7. Please circle what day(s) are best for you to commit to your personal training session(s)?

   Monday Tuesday Wednesday Thursday Friday Saturday Sunday

8. Please circle what time(s) are best for you to commit to your personal training session(s)?

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

9. Where do you prefer to work out? Pottruck Center Fox Fitness Center

10. Do you have a gender preference? Male Trainer Female Trainer No difference

11. If you would like to request one of our trainers specifically please specify: ____________________________

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health History Questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiver/Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Policy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trainer Assigned: _________________________ Date: ____________
Personal Training Program
Program, Payment, Refund & Cancellation Policy

Program Policy
Each session is based on a 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 30 minutes late, it will be considered a no-show and you will be charged.

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 Friday, 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
All sessions must be paid for in advance. This will reserve a scheduled time slot and help you commit to your goals. Personal Trainers are not permitted to receive payments. All payments must be made at the Department of Recreation Membership Services Office located in the Pottruck Center. Check, credit card (visa or mastercard only), and cash (exact change only) payments are accepted. 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, but they may be transferred for another program or service if still valid. Transfer permission must be obtained from the Assistant Director of Fitness and Wellness. 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. As a professional courtesy, 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 of Client: ___________________________ Date: __________

Signature of Department Representative: ______________________ Date: __________
I have enrolled in a program of physical activity offered by the Personal Training Program, Department of Recreation at the University of Pennsylvania (collectively referred to as Penn). I understand that my participation in this program is voluntary and I affirm that I am in good physical condition. I may discontinue my participation at any time and may choose not to participate in any activity. As evidenced on the Health History Questionnaire, I have advised the staff of any and all medical conditions including but not limited to disease and/or injuries I may have and the use of any medications that may effect or limit my participation or use of any specific equipment or activity.

I in exchange for good and valuable consideration, hereby waive and release the Trustees of the University of Pennsylvania, the Department of Recreation, the Personal Training Program, their employees, as well as students and volunteers from and against all claims, demands and damages of any sort and from whatever cause because of my being upon these premises and participation in this program. I understand that I may be injured as a result of my participation in this program or as the result of the conduct of another. I further release and hold harmless Penn from all injuries, including serious injuries and death, directly or indirectly related or unrelated to my participation in this program. I understand that Penn will in no way bear responsibility for medical bills or related expenses pertaining any injury or incidents that may occur at any time.

I have had an opportunity to ask any questions of my trainer or staff of the Department of Recreation regarding this program. I understand that there are risks associated with any physical activity program. In the event that I am injured or ill at any point during or after my participation in this program I will immediately notify my personal trainer and the Department of Recreation.

As evidenced by my signature below, I agree to abide by the Rules and Regulations of the Department of Recreation and I agree I have read and fully intend to comply with the contents of this document.

Signature of Client: ________________________________  Date: __________

Signature of Department Representative: ____________________________  Date: __________
Informed Consent
Fitness Evaluation and Assessment

1. Testing Objectives:

In order to more safely participate in an exercise program, I hereby consent, voluntarily, to a fitness assessment. I understand that the tests that will be administered to me are for the purpose of determining my physical fitness status, which may include some or all of the following: resting vital signs, body composition, cardiovascular conditioning, joint range of motion and muscular flexibility, muscular strength, muscular endurance, balance, and posture.

2. Explanation of Procedures:

Resting Vital Signs: A pre-exercise heart rate and blood pressure may be measured to determine baseline values.

Body Composition: A body composition measurement may be taken through Bioelectrical Impedance Analysis (BIA) using a bodyfat scale or through a 3 or 7-site skinfold using calipers as determined by your personal trainer. Circumference measurements using a Gullic tape measure may also be taken to track changes in body mass.

Sub-maximal Cardiovascular Test: The cardiovascular test will be performed on either a treadmill, bicycle ergometer, or a 12-inch high step as determined by your personal trainer. I understand that at any time during the test, I may stop because of fatigue, shortness of breath, discomfort, pain, for any other personal reasons, or if the personal trainer determines the test must be stopped due to an abnormal response.

Flexibility: Muscular flexibility and joint range of motion may be determined by performing a sit and reach test and/or other assessments to determine flexibility.

Muscular Strength and Endurance: Muscular strength and endurance may be determined by performing modified sit-ups, push-ups, and a grip strength assessment.

Other: Additional assessments may be used by your trainer to determine balance, posture, and movement ability.

3. Description of Potential Risks:

I understand that there exists the possibility that certain abnormal changes may occur during the testing. These changes could include abnormal heart beats, abnormal blood pressure response, shortness of breath, dizziness, fainting, various muscle and joint strains or injuries, and in very rare instances, heart attack or even death. I have been informed that every effort will be made to minimize these occurrences by preliminary examination and by precautions and observations taken during the tests. I understand that there is a risk of injury, heart attack, or event death as a result of my performance of these tests, but knowing those risks, it is my desire to proceed to take the assessment as herein indicated.

4. Benefits to be Expected:

I understand that the results of these tests will aid in determining my physical fitness status and in determining potential health hazards. These results will facilitate a more individualized exercise program tailored to meet your ability and goals. All programs are not intended for unrealistic results, quick fixes, rapid weight loss, etc. Program outcomes will vary with each individual.

I have read the foregoing information and understand it. Questions concerning these procedures have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process, or to withdraw consent and discontinue participating in any procedures. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription, without my permission. However, I am in agreement that information from these tests not identifiable to me can be used for research purposes.

Signature of Client: ________________________________ Date: __________

Signature of Department Representative: __________________________ Date: __________
Welcome to the Department of Recreation’s Pottruck and Fox Health and Fitness Centers. Our policies have been developed with the intention of providing all members with a clean, safe and welcoming environment. Please observe our core policies listed below during your use of the facility:

- We recommend consulting a physician and receiving proper clearance prior to beginning an exercise program.

- Exercising may cause conditions such as dizziness, exhaustion, or other signs or symptoms that may put you at risk for injury. If you experience any of these or other physical abnormalities, immediately stop exercising and contact the facility staff on duty.

- Please report any personal injuries immediately to the facility staff on duty.

- We recommend participating in an orientation with a member of our fitness team to understand the proper use of our equipment prior to beginning your routine.

- Please place all personal items in a locker. Bags, extra clothing, and other personal items are not permitted in the fitness center.

- Please refrain from eating food, chewing gum, and/or drinking any beverage other than water or sports drink in an enclosed plastic container in the facility.

- Please limit yourself to 30 minutes on all cardiovascular equipment.

- Please wipe down all equipment including controls, handles, seats, and pads when you are finished with your workout.

- Please use all exercise equipment as specified by the manufacturer for its intended use. Moving or modifying the use of the equipment is not permitted.

- We recommend the use of a spotter and collars on all bars when training with free weights.

- Please raise and lower all machines and free weights carefully; avoid dropping or banging the equipment on the floor. The use of chalk is not permitted; rosin bags are acceptable.

- Please return all free weight plates, bars, dumbbells, collars, medicine balls, stability balls, and any other miscellaneous equipment to their appropriate storage rack when finished.

- Please observe our dress code policy. Non-casual athletic footwear, t-shirts, and athletic shorts/pants must be worn at all times. Boots, open toe footwear, excessive jewelry, jeans, non-athletic pants/shorts, and revealing clothing is not permitted in the fitness center.

- Please conduct yourself in a responsible manner at all times. Inappropriate or abusive language, aggressive behavior, smoking, smokeless tobacco, or the use of drugs and/or alcohol is not permitted in the fitness center.

- Please see a staff member regarding programs and services. Members and guests are not permitted to provide personal training services, nutritional products, or others goods and services in the fitness center.

For a complete list of policies and procedures, please visit www.upenn.edu/recreation