

## **THE BENEFITS OF HAVING A PERSONAL TRAINER**

Your decision to acquire a personal trainer is one of the best investments you can make for yourself. Regular exercise is a major self-care strategy. A Personal Trainer will assist you design an exercise program and realistic fitness goals that are right for you. This can empower you to make lifestyle changes which will ultimately enhance the quality of your life.

A Personal Trainer will make sure that you appropriately exercise and will reduce the potential for injury as a result of a lack of knowledge on how to effectively execute a specific exercise or use a piece of exercise equipment. You will gain tremendous confidence and your adherence to exercise will be enhanced as a result of keeping your appointments with your personal trainer.

If you exercise regularly already, a personal trainer can help you refine and make appropriate changes to your existing training program. A Personal Trainer is committed to making the most of your training program and helping you develop a complete and comprehensive exercise plan.

### **Answers to most frequently asked questions regarding Personal Trainers**

#### **Do I have to be a member of ISU Rec Sports to have a Personal Trainer?**

Individuals using the personal training services must be currently enrolled in ISU Rec Sports.

#### **Can I select my own Personal Trainer?**

Yes, you may as long as the Personal Trainer is employed by the ISU Rec Sports personal training program and their schedule can accommodate yours.

#### **How long are the Personal Training sessions?**

The training sessions are typically one hour in length and can be set up in 30 minute increments.

#### **When and where do I train?**

Training sessions will be held at the ISU Recreation Center. Trainers will try to schedule sessions when they are convenient for you.

#### **What will I receive with a one hour session?**

This ultimately depends upon the outcome of your consultation appointment with a personal trainer. The personal trainer will want to discuss with you what your specific needs and goals may be. This will be the basis to determine how many session(s) may be necessary to achieve your designated goals.

# Indiana State University Recreational Sports

## PERSONAL TRAINING FINANCIAL CONTRACT AND AGREEMENT FORM

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Local Address: \_\_\_\_\_

Sycamore ID Card Number: 991- \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  M  F

### Client Availability

\*\*CHECK THE HOURS YOU CAN WORKOUT WITH YOUR TRAINER\*

HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00am							
8:00am							
9:00am							
10:00am							
11:00am							
Noon							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00p							

### Training Preferences

Note: indicating specific preferences or interests will help us match you with an appropriate trainer when possible.

Trainer gender (circle one): Male Female OR No Preference

Please list any special training interests? \_\_\_\_\_  
*(e.g. power, endurance, sport specific, functional, balance, or core training, etc.)*

What are your current goals? \_\_\_\_\_  
*(e.g. lose weight, gain muscular strength or size, reduce stress or pain, better health, etc.)*

To be completed by Supervisor and Personal Trainer

Assigned To: \_\_\_\_\_ Date Assigned: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Notes: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

# PERSONAL TRAINING FINANCIAL CONTRACT AND AGREEMENT FORM

	<i>Student Rate</i>	<i>Faculty/Staff/Alumni/Other Rate</i>
<input type="checkbox"/> 1 Session	\$20	\$25
<input type="checkbox"/> 2 Sessions	\$36	\$44
<input type="checkbox"/> 4 Sessions	\$64	\$80
<input type="checkbox"/> 8 Sessions	\$112	\$144

I hereby agree to pay the amount indicated above for the Personal Training package that I have selected. I understand that I must prepay for each personal training session(s). I also understand all contracts are non-transferable.

It is the policy of Indiana State University Recreational Sports to only provide refunds under the following circumstances:

- Rec Sports is unable to provide a trainer as a result of the lack of available Personal Trainers and/or client's schedule cannot be accommodated.
- A client's medical condition exists that makes it impossible to work with a personal trainer. In this case, a Rec Sports Physician's written notification is required.

I understand all information obtained during a personal training program is confidential and will not be revealed to any person without my expressed written consent. I do agree to allow the use of information for the specific purpose, or discussion with other staff in order to develop, plan, and evaluate the progress of my personal training program.

I agree to comply with all the Rules and Regulations of the Indiana State University Personal Training program.

I understand it is my responsibility as the client to contact the personal trainer of a cancellation of a session at least 24 hours prior to the scheduled appointment time. Failure to provide notification will result in the forfeiture of that session unless it is a result of illness or travel.

I, \_\_\_\_\_ have read this contract and have been given the opportunity to ask questions regarding the terms and conditions of this contract. I understand the content of this contract and consent to its conditions.

**Administrative Use Only**

Date received: \_\_\_\_\_ Payment \$ \_\_\_\_\_ Receipt# \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer each of these questions honestly and to the best of your ability by circling either Yes or No. If you are unsure, you may leave the response blank. This questionnaire will be used to determine if it is necessary to obtain medical clearance before meeting with your personal trainer.

- Yes No Do you have any personal history of heart disease?
- Yes No Do you have any personal history of metabolic disease (thyroid, renal, liver)?
- Yes No Do you have any history of lung disease?
- Yes No Have you ever been diagnosed with diabetes?
- Yes No Have you experienced pain or discomfort in your chest in the past year?
- Yes No Have you had any problems with dizziness or fainting in the past year?
- Yes No Do you have difficulty breathing at rest or at night?
- Yes No Do you suffer from ankle edema (swelling of the ankles)?
- Yes No Do you experience pain in the leg muscles during walking?
- Yes No Do you have a known heart murmur?
- Yes No Have you ever been diagnosed with hypertension?
- Yes No Are you taking any medications for blood pressure or heart disease?

## Preparing for Your Fitness Assessment

Your initial assessment will be free of charge and will take place prior to the start of your training session(s). The assessment will include measurements of strength, flexibility, cardiovascular endurance, and body composition (height, weight, circumferences, body fat percentage, resting heart rate, and blood pressure). The initial assessment results will allow for you and your trainer to discuss personal goals and areas of improvement that you can achieve with your personal training session(s).

Your assessment will be given on the assumption that you have followed these recommendations:

1. Wear athletic clothing (shorts, t-shirt, closed toed training shoes).
2. Avoid food, caffeine, or tobacco products 4 hours prior to your assessment.
3. Avoid alcohol 48 hours prior to your assessment.
4. Avoid moderate/vigorous exercise 12 hours prior to the assessment.
5. If you are currently on medications, please remember to take them at the required time and bring them with you if they are generally used at times of physical exertion.

## Expectations

### What can you expect from your Personal Trainer?

1. Your trainer will contact you within 5 business days to schedule your first appointment. If you do not hear from your trainer within 5 business days, contact Clark Dale at 812-237-4097 ext. 4632 or [wdale@indstate.edu](mailto:wdale@indstate.edu).
2. Your trainer will help you develop specific fitness goals.
3. Your trainer will develop a personalized exercise program using data from your health history, fitness assessment results and personal goals.
4. Your trainer will be qualified to teach proper exercise techniques and progressions.
5. Your trainer will have a positive attitude and provide you with individual attention during your sessions.

### What will be expected of you?

1. Come dressed to exercise at each session. Ideally, this would include athletic shoes, shorts and a t-shirt.
2. Provide 24 hours notice of cancellations (in medical emergencies, provide as much notice as possible).
3. If arriving late, call your trainer directly or Membership Services at 812-237-4097. Trainers will only wait up to 15 minutes after the scheduled start time if they do not receive a call.
4. Inform your trainer of any changes in your health status, as this may affect your exercise prescription.
5. Inform David Stowe, Recreational Sports, Associate Director, of any questions or concerns that your trainer is unable to answer. He can be reached at 812-237-4097 or [David.Stowe@indstate.edu](mailto:David.Stowe@indstate.edu)

**INDIANA STATE UNIVERSITY STUDENT RECREATION CENTER AND  
THE DEPARTMENT OF RECREATIONAL SPORTS FACILITIES  
RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY**

In consideration of Indiana State University allowing me access to Student Recreation Center, Health and Human Services Facility, and all other ISU Recreational Facilities including, but not limited to its fitness, swimming and shower/locker facilities and equipment contained therein (Collectively referred to hereinafter as the Department of Recreational Sports Facilities), I the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

I understand and acknowledge that access to and/or use of the Department of Recreational Sports Facilities is potentially hazardous and involved risks, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I understand that negligence of the University and other risks associated with my access to and/or use of the facilities may cause injury, illness, paralysis, or death to myself, or other persons, and/or damage to or loss of property. Some of the risks associated with my access to and/or use of the facilities include, but are not limited to, equipment failure, known or unknown medication conditions, improper use of equipment, acts of others, and latent or patent defects or dangerous conditions in the Department of Recreational Sports Facilities. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my access to an/or use of the recreational facilities, and acknowledge that I am voluntarily entering and use of the Department of Recreational Sports Facilities even with the knowledge of these risks.

Acknowledging that such risks exists, I hereby RELEASE AND DISCHARGE the University, its affiliates, and their respective officers, representatives, managers, members, directors, owners, agents, contractors, employees, and each of them and/or anyone associated in any way with my access to or use of the Department of Recreational Sports Facilities, (the "University Group"), from any and all claims, damages, losses, actions, suits, proceedings, expenses, attorney fees, costs, and liability that I, anyone on my behalf, my heirs, next of kin, assigns or personal representatives might have for or relating to any injury to my person or property suffered or claimed to have been suffered by me which arises out of or is related in any manner to my access to or use of the Recreational Sports Facilities, but not limited to, any claim that the act or omissions complained of was caused in whole or in part by the strict liability or negligence in any form of the University Group.

I further agree to INDEMNIFY , HOLD HARMLESS, AND DEFEND the University Group in any action or proceeding from and against all alleged liability, claims, causes of action, damages, losses, suits, proceedings, expenses, attorney fees and costs arising out of or related in any manner to my access and use of the Department of Recreational Sports Facilities, or for my failure to comply with the terms of this Release of Liability and Agreement to Indemnify. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the University Group.

This document is governed by the laws of the State of Indiana, and any cause of action relating to the interpretation or enforcement of this document is subject to the exclusive jurisdiction of a court in Vigo County, Indiana. If one or more portions of this document are found to be unenforceable, the remainder of the document will remain enforceable.

I have read and full understand this Release of Liability and Agreement to Indemnify and agree to be bound by its terms. I understand that by signing this document I am waiving certain legal rights, including the right to sue the University Group. I sign this document freely and willingly.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name