

*Personal Training
Registration Packet*

Campus Recreation Services

Campus Recreation Services Personal Training Program

Campus Recreation Services would like to welcome you to our Personal Training Program! Congratulations on taking this first step towards becoming a healthier person!

Your program will begin with a TriFIT computerized fitness assessment, free with any personal training package of 3 or more sessions. Based on your results, an exercise program will be designed for you by your own Personal Trainer. Your motivation and determination to make changes toward a healthier lifestyle, along with our encouragement and guidance, will start you on the road to achieve your desired results.

Prices and Descriptions of Sessions

Effective 9/1/08

Fitness Orientation

\$15 student; \$25 faculty/staff/alumni

Don't know where to begin? This session will provide a thorough orientation to the strength and cardiovascular machines in the C.R.i.B. A Personal Trainer will also teach you the proper technique for using the machines for a safe and effective workout.

Fitness Assessment

\$15 student; \$25 faculty/staff/alumni; Single Test: \$5 student; \$8 faculty/staff/alumni

A Personal Trainer will conduct a TriFIT computerized fitness assessment to measure your muscular strength, muscular endurance, flexibility, cardiovascular endurance and body composition. An assessment serves as a basis for comparison as you progress with a fitness program.

Introductory Package

\$45 student; \$55 faculty/staff/alumni

This package includes a fitness assessment, fitness orientation, and one workout session. Your Personal Trainer will discuss your fitness assessment results with you and create a workout program that fits your personal needs.

Personal Training Packages

Note: All packages include a FREE fitness assessment

Number of sessions	Student	Faculty/Staff/Alumni
3 sessions	\$45	\$60
5 sessions	\$65	\$90
10 sessions	\$125	\$175
15 sessions	\$175	\$250

Each session is one hour.

Unused sessions are valid for one year from time of purchase.

To register for Personal Training, please fill out this packet, and then pay the fee at the University Union ticket office. Return the packet and receipt to Burdick Hall room 147. For more information, please call 410-704-5621 or email personalconditioning@towson.edu.

Rules and Regulations

I. Cancellation/Punctuality Policy

If a participant needs to cancel a given appointment, he or she is responsible for notifying the Personal Trainer at least 24 hours in advance. Personal Trainers will give out their contact information so participants may contact them directly. Failure to give the proper notification will result in the forfeit of the session missed. Participants are expected to be on time for ALL appointments. Personal Trainers will wait 15 minutes later than the scheduled appointment time, after which they will leave and the session will be forfeited.

II. Payments and Refunds

Participants should purchase Personal Training Sessions at the Ticket Office in the University Union BEFORE an initial appointment with a Personal Trainer can be scheduled. Receipts are to be brought to Burdick Hall room 147 or 151. Once purchased, sessions are non-refundable and non-transferable.

III. Code of Conduct

Towson University's Campus Recreation Services abides by the University's Student Code of Conduct regarding issues of harassment, inappropriate behavior, language, etc. Services may be discontinued at any time at the discretion of the Personal Trainer. Any problems, questions, or concerns regarding this matter can be directed to the Assistant Director of Fitness/Wellness, 410-704-5360.

IV. Physician Referral

A participant who is at risk for exercise must obtain a physician referral from either their physician or the Dowell Health Center BEFORE they begin their sessions. This is done for the safety of the participant. You will be notified if you need a physician referral.

I abide by the rules and regulations set forth by this program.

Participant's Signature

Date

**TOWSON UNIVERSITY CAMPUS RECREATION SERVICES
FITNESS AND WELLNESS PROGRAM
AGREEMENT, WAIVER, HOLD HARMLESS AND COVENANT NOT TO SUE**

Name (printed or typed): _____

Notice: This Agreement is a contract with legal consequences. Read it carefully before signing!

In consideration of my participation in Personal Training from July 1, 2009 to June 30, 2010, inclusive, I hereby freely agree to make the following contractual representations and agreements:

I fully realize the dangers of participating in an event of this type and voluntarily assume all the risks associated with such participation. I understand the risks include, by way of example, and not limitation, the following: Accidents may happen while traveling in vehicles to event locations including provided transportation, car pools, bicycles, and walking. Injuries could result in concussion, broken bones, contusions, torn muscles or tendons, strains, sprains, cuts, pinched fingers, neck and spinal injuries, psychological trauma, hospitalization, and or death. I recognize that exercise is not without some risk to the musculoskeletal system (e.g. sprain, strain, tear, break) and cardio respiratory system (e.g. dizziness, fainting, abnormal heartbeat, discomfort breathing, abnormal blood pressure response, and in rare instances, heart attack, or stroke). I understand that it is my responsibility to report immediately to any Towson University Personal Trainer if there are any signs or symptoms of discomfort and/or distress during or following exercise.

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named events. With these demands in mind, I have no physical or mental condition, which to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in the event. I also agree to abide by any established rules or regulations while engaged in this activity, and with the directions and precautions given by leaders and/or instructors.

I understand that Towson University has no duty to provide any extraordinary duties or safety measures in relation to this activity and that I must use reason and judgment in my undertakings hereunder. I consent to Towson University providing emergency health assistance if it is determined necessary in its discretion, and consent to Towson University contacting my emergency contact for notification.

I understand and expressly assume all the risks and dangers of the activities contemplated by this Agreement, and I hereby release, waive, discharge, and covenant not to sue Towson University, the University System of Maryland, the State of Maryland, and their officers, agents, servants, and employees (collectively, the "Releasees") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Releasees or for any other cause. I also hereby release, waive, discharge and covenant not to sue the Releasees from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the above activity. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in said activities, whether caused by the negligence of Releasees or otherwise.

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this Agreement, nor revoke or cancel any of the terms of this Agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This Agreement shall not be modified orally.

I hereby certify that I have Health Insurance. My insurance company is: _____

I have carefully read this form and fully understand its contents. All information I have provided is true. I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, an indemnity, and a contract between myself and Towson University and for the benefit of others described herein, I sign it of my own free will.

PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in the above named activity, and further agree, individually and on behalf of my child or ward, to the terms of the above.

Participant's signature: _____ Date: _____

Parent's or guardian's signature if participant is under 18: _____ Date: _____

Signature of witness: _____ Date: _____

PLEASE CIRCLE:

Male Female

Freshman Sophomore Junior Senior Grad

Faculty Staff Alumni

Emergency Contact Information

Name: _____

Phone Number: _____

Relationship: _____

Campus Recreation Services

Name: _____
Address: _____

Telephone: _____ Email: _____
Date of Birth: _____ Age: _____ Gender: _____

Personal Medical History Information:

Past Operations: _____
Hospitalizations: _____
Recent Surgery: _____
Disabilities: _____

Are you currently under a Doctor's care? Yes _____ No _____

If yes, please explain: _____

Length of time since last physician checkup: _____

Physician's Name: _____

Address: _____

Phone Number: _____

Height: _____ Weight: _____ Desired Weight: _____

Activity Level

- Inactive
- Relatively Active
- Light Physical Activity
- Moderate Physical Activity
- Vigorous Physical Activity

Please list any medication and the reason for taking (including supplements):

1. _____
2. _____
3. _____
4. _____

Are any of these a Beta Blocker? Yes No

Are you allergic to any medications? Yes No

If yes, which? _____

Are you Pregnant ? Yes No

Please indicate if you have a PERSONAL HISTORY of any of the following:

Heart Disease _____ Heart Attack _____ Bypass _____ Cardiac Surgery _____ Artery Disease _____

Heart Murmur Yes No Enlarged Heart Yes No

EKG _____ Never Taken _____ Normal _____ Abnormal _____

Irregular Heart Beat _____ Tachycardia _____ Bradycardia _____

Chest Pain w/Exertion Yes No

High Blood Pressure Yes No

If yes, what is your normal BP: _____ mmHg

Stroke Yes No Elevated Cholesterol Levels Yes No
Epilepsy Yes No Blood Clots Yes No

Diabetes Yes No If yes, which type? Type I Type II
Diagnosed Hypoglycemia Yes No
Anemia Yes No

Shortness of Breath Yes No
Exercise Induced Asthma Yes No

Have you ever passed out during or after exercise? Yes No
Have you ever been dizzy during or after exercise? Yes No
Have you ever had chest pain during or after exercise? Yes No
Have you ever had racing of your heart or skipped beats? Yes No
Do you have frequent or severe headaches? Yes No
Do you cough, wheeze, or have trouble breathing during or after activity? Yes No
Have you ever become ill from exercising in the heat? Yes No

Obesity Yes No
Have you ever had Anorexia? Yes No
If yes, when and for how long? _____
Have you ever had Bulimia? Yes No
If yes, when and for how long? _____
Have you ever taken any supplements to help you gain or lose weight or improve your performance? Yes No
If yes, what did you take and for what reason? _____

Cancer Yes No
If yes, please explain where: _____

Kidney Failure Yes No Kidney Stones Yes No
Kidney Dialysis Yes No Gallstones Yes No
Gallbladder Disease Yes No

Back Pain/Sciatica _____ Upper _____ Middle _____ Lower _____
Cause of Back Pain/Sciatica _____ Unknown _____ Muscle Weakness _____ Injury

Hernia Yes No
If yes, location and date of repair? _____

Achilles Pain Yes No
Joint Pain Yes No
Pain in Legs Yes No
Shin Splints Yes No

Have you broken or fractured any bones or dislocated any joints? Yes No
If yes, what and when? _____
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes No
If yes, please explain: _____

Do you Smoke Now? Yes No
If yes, how many years have you smoked? _____
How much do you smoke per day? _____
Did you use to smoke? Yes No
If yes, how many years has it been since you quit? _____

Do you feel stressed out? Yes No

How many meals a day do you currently eat: _____

Describe your eating habits: _____

Family Medical History (parents, grandparents, siblings):

If you answer yes to any of the following questions, please indicate which relative and the age at the time of onset.

Heart Disease _____ Heart Attack _____ Bypass _____ Artery Disease _____ Cardiac Surgery _____

Congenital Heart Disease Yes No

Stroke Yes No

High Blood Pressure Yes No

Elevated Cholesterol Levels Yes No

Diabetes Yes No

Obesity Yes No

Cancer Yes No

If yes, please explain where: _____

Informed Consent and Release:

I hereby certify that I know of no medical problems, except my risk of illness or injury as a result of participation in exercise at Burdick Hall. I understand that it is my responsibility to report immediately to any Towson University Personal Trainer if there are any sign or symptoms of discomfort and/or distress during or following exercise at Burdick Hall.

I acknowledge that I am required to undergo a fitness assessment designed to determine any contraindications to exercise to assist the staff in developing an individual fitness program for me.

I have read the entire informed consent and release and accept the conditions stated herein as a requirement to participate in the program.

Signature Date

Witness Date

