Personal Training Request Form

Date Submitted: ___ / ___ / ___

Please submit to fitness@asburyseminary.edu or the Student Center Front Desk Staff

Contact Information:

Name: (First) _____ (Last) _____

Age: _____ **Date of Birth:** _____ **Gender**: ◯ Male ◯ Female

Address: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

I am an:

◯ ATS Student ◯ ATS Spouse ◯ Faculty ◯ Staff ◯ Student Center Community Member ◯ Other_____

1. **How did you hear about Asbury Seminary Certified Personal Training Services?**

2. **What <u>days</u> would be best for scheduling Personal Training sessions**?
   ◯ Monday ◯ Tuesday ◯ Wednesday ◯ Thursday ◯ Friday ◯ Saturday

3. **What <u>times of day</u> work best for your Personal Training sessions**?
   ◯ Early Morning (6am-8am) ◯ Early Afternoon (1pm-3pm)
   ◯ Morning (8am-11am) ◯ Late Afternoon (3pm-5pm)
   ◯ Lunchtime (12noon-1pm) ◯ Evening (after 5pm)

4. **How much time are you willing to devote to an exercise program?**
   _____ minutes/day _____days/week

5. **Do you have a preference for a specific trainer?**
   ◯ N/A ◯ Male ◯ Female Trainer: _____

6. **How often would you like to meet with a personal trainer?**
   ◯ weekly ◯ bi-weekly ◯ monthly

7. **For what duration do you expect to work with a personal trainer?**
   ◯ consultation only ◯ 1-2 months ◯ 3-6 months ◯ 6 months +

8. **On a scale of 1-10, How important to you are your fitness/health goals?**
   ◯ 1 (not important) ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 (top priority)

Questions & Comments for your trainer?

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HEALTH HISTORY INVENTORY

Please answer each of the questions in this inventory to the best of your ability. If you need assistance with answering any of these questions, please request assistance from one of our certified personal trainers. All of your responses will be treated in a confidential manner.

Emergency Contact: _____ Phone: (___)_____

Physician's Name: _____ Physician's Phone: (___)_____

Are you taking any medications or supplements? If so, please list medication, dose, and reason.

_____

_____

Does your physician know you are participating in this exercise program?

_____

_____

Describe any physical activity you do somewhat regularly.

_____

_____

Questions	**Yes**	**No**
Do you have a history of heart conditions, chest pain, stroke, or a breathing or lung problem?		
Do you have elevated blood pressure or cholesterol?		
Do you have any chronic illness, condition, injury, or hernia that could be made worse by physical activity?		
Have you ever received advice from your physician to avoid certain exercises?		
Have you had a recent surgery (within the last 12 months)?		
Do you lose your balance due to dizziness, or have you ever lost consciousness?		
Do you have a diabetes or thyroid condition?		
Have you ever had a cigarette smoking habit?		
Are you pregnant/have you been pregnant within the last 3 months?		

EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

   15–20 _____ 21–30 _____ 31–40 _____ 41–50 _____ 51+_____

2. Were you a high school and/or college athlete?

   ___Yes ___No

   If yes, please specify sport(s). _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical activity or fitness testing and evaluation?

   ___Yes ___No

   If yes, please explain _____

4. How much time are you willing to devote to an exercise program?

   _____ minutes/day _____ days/ week

5. Are you currently participating in a specific sport, physical activity or hobby, or group exercise class on a regular basis? If so, please specify.
   _____

6. By how much would you like to change your current weight?

   (+) _____ lbs (-) _____ lbs

7. What are your short-term and long-term fitness goals?
   _____
   _____
   _____

8. Use the following scale to rate each goal separately:

   1 2 3 4 5 6 7 8 9 10
   Not at all important Somewhat Important Extremely Important

   Improve cardiovascular fitness _____
   Lose weight/body fat _____
   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 _____
   Other _____

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WAIVER/RELEASE

I, _____, through the purchase of training sessions, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of _____ through the Asbury Theological Seminary Student Center (hereafter referred to as Fitness Professional/Facility). I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have provided verification from a licensed physician that I am able to undertake a general fitness-training program.

I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the trainer. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorders in heartbeat, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Fitness Professional/Facility. I will assume any additional expenses incurred that go beyond my health coverage. I will notify the Fitness Professional/Facility of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

Fitness Professional/Facility or I will provide the equipment to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items. I represent and warrant any and all equipment I provide for training sessions is for personal use only. Fitness Professional/Facility has not inspected my equipment and has no knowledge of its condition. I understand that I take sole responsibility for my equipment. I acknowledge that although Fitness Professional/Facility takes precautions to maintain the equipment, any equipment may malfunction and/or cause potential injuries. I take sole responsibility to inspect any and all of my or the Fitness Professional/Facility's equipment prior to use.

Although Fitness Professional/Facility will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. In consideration of the acceptance of this entry, I, for myself and for my executors, administrators, and assigns, waive and release any and all claims against Fitness Professional/Facility and any of their staffs, officers, officials, volunteers,

sponsors, agents, representatives, successors, or assigns and agree to hold them harmless from any claims or losses, including but not limited to claims for negligence for any injuries or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Fitness Professional/Facility.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF FITNESS PROFESSIONAL/FACILITY, I HEREBY AFFIX MY SIGNATURE HERETO.

_____Date: _____
Client's name (please print clearly)

_____
Client's signature

_____
Client's address

_____Date: _____
Parent/guardian signature (if applicable)

_____Date: _____
Trainer's signature