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 days would be best for scheduling Personal Training sessions?
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

3. What times of day 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?
HEALTH HISTORY INVENTORY

Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional. All of your responses will be treated in a confidential manner.

Name ________________________________________ Date ______________________

Age ____________________ Sex ___M ___ F

Physician’s Name ____________________________________________________________

Physician’s Phone ( ______) __________________________________________________

Person to contact in case of emergency:

Name ___________________________ Phone ________________

Are you taking any medications, supplements, or drugs? 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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Do you now, or have you had in the past (please check YES or NO):

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>1. History of heart problems, chest pain, or stroke?</td>
<td></td>
<td></td>
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<tr>
<td>2. Elevated blood pressure?</td>
<td></td>
<td></td>
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<tr>
<td>3. Any chronic illness or condition?</td>
<td></td>
<td></td>
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<tr>
<td>4. Difficulty with physical exercise?</td>
<td></td>
<td></td>
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<tr>
<td>5. Advice from physician not to exercise?</td>
<td></td>
<td></td>
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<tr>
<td>6. Recent surgery (last 12 months)?</td>
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<tr>
<td>7. Pregnancy (now or within last 3 months)?</td>
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<td></td>
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<tr>
<td>8. History of breathing or lung problems?</td>
<td></td>
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<tr>
<td>9. Muscle, joint, or back disorder, or any previous injury still affecting you?</td>
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<td></td>
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<tr>
<td>10. Diabetes or thyroid condition?</td>
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<td></td>
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<tr>
<td>11. Cigarette smoking habit?</td>
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<tr>
<td>12. Obesity (BMI greater than or equal to 30 kg/m²)?</td>
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<td></td>
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<tr>
<td>13. Elevated blood cholesterol?</td>
<td></td>
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<tr>
<td>14. History of heart problems in immediate family?</td>
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<td></td>
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<tr>
<td>15. Hernia, or any condition that may be aggravated by lifting weights or other physical activity?</td>
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</table>

**EXERCISE HISTORY AND ATTITUDE QUESTIONNAIRE**

Name ______________________________________ Date ____________

*General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance.*

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 ______________________________________

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

   ___Yes ___No
4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

___Yes ___No

If yes, please explain ________________________________________

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that best applies.

Characterize your present athletic ability.

1  2  3  4  5

When you exercise, how important is competition?

1  2  3  4  5

Characterize your present cardiovascular capacity.

1  2  3  4  5

Characterize your present muscular capacity.

1  2  3  4  5

Characterize your present flexibility capacity.

1  2  3  4  5

6. Do you start exercise programs but then find yourself unable to stick with them?

___Yes ___No

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

________ minutes/day _________ days/ week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

___Yes ___No

If yes, specify the type of exercise(s) ________________________
_________ minutes /day _________ days/ week

Rate your perception of the exertion of your exercise program (circle the number):

(1) Light   (2) Fairly light   (3) Somewhat hard   (4) Hard

9. How long have you been exercising regularly?

_________ months _________ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? ____________________________________________________________

In the past 5 years? _____________________________________________________________

11. Can you exercise during your work day?

___Yes ___No

12. Would an exercise program interfere with your job?

___Yes ___No

13. Would an exercise program benefit your job?

___Yes ___No

14. What types of exercise interest you? (Check all that apply.)

<table>
<thead>
<tr>
<th>Walking</th>
<th>Jogging</th>
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<tbody>
<tr>
<td>Cycling</td>
<td>Traditional aerobics</td>
</tr>
<tr>
<td>Racquet sports</td>
<td>Stationary biking</td>
</tr>
<tr>
<td>Elliptical striding</td>
<td>Yoga/Pilates</td>
</tr>
<tr>
<td>Stair climbing</td>
<td>Swimming</td>
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<tr>
<td>Weight lifting</td>
<td>Other activities</td>
</tr>
</tbody>
</table>

15. What do you want exercise to do for you?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Use the following scale to rate each goal separately:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all important</td>
<td>Somewhat Important</td>
<td>Extremely Important</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

a. Improve cardiovascular fitness ______
b. Lose weight/body fat ______
c. Reshape or tone my body ______
d. Improve performance for a specific sport ______
e. Improve moods and ability to cope with stress ______
f. Improve flexibility ______
g. Increase strength ______
h. Increase energy level ______
i. Feel better ______
j. Enjoyment ______
k. Social interaction ______
l. Other ______

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

(+) _________ lbs (-) _________ lbs
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.

________________________________________________________________________

Client’s name (please print clearly)

________________________________________________________________________

Client’s signature

________________________________________________________________________

Client’s address

________________________________________________________________________

Parent/guardian signature (if applicable)

________________________________________________________________________

Trainer’s signature

________________________________________________________________________

Date: __________________

Date: __________________

Date: __________________