



## University of South Florida Campus Recreation Center Personal Training Policies

Thank you for participating in the USF Campus Recreation Department's personal training program. We want you to have a great experience! For this reason all of our Personal Trainers are extremely qualified and caring. They are nationally certified by reputable agencies such as A.C.S.M. N.A.S.M. and N.S.C.A. Please read the following policies carefully and let your personal trainer know if you have any questions.

### Refund Policy

- Refunds will not be given except for medical reasons. In these cases, documentation from your physician must accompany your request. If you are unhappy with your trainer or the experience in any way, notify the Fitness Coordinator immediately and we will be happy to match you with a different trainer.

### Expiration Date

- Personal training packages of **1 or 4 sessions expire 6 months from date of purchase.**
- Personal training packages of **8 or 12 sessions expire 1 year from date of purchase.**

### Personal Trainer's Responsibilities

- Provide an initial fitness assessment; baseline measurements, medical history, informed consent and consultation
- Assist client in creating realistic goals
- Provide an individualized exercise program that will help the client to reach their specific goals
- Ensure a safe and effective training program
- Record and measure progress of client
- Be punctual for appointments
- Must give 12 hours notice for cancellations; if the trainer misses an appointment, the trainer will owe the client an additional session
- If the trainer is more than 15 min. late without client's approval, trainer is considered a "no show" and the above rule will apply

### Client's Responsibility

- Initial appointment must be a fitness assessment
- Must give trainer at least 12 hours notice for cancellations; if the client misses an appointment without giving 12 hours notice, the client will be charged for the missed appt.
- If the client is more than 15 min. late without prior approval by trainer, the client is considered a "no show" and will be charged for the session
- Abide by the rules and policies of the USF Campus Rec Center
- Bring a workout towel & USF ID card to the gym
- Maintain a current USF Rec Center membership
- Read and sign a ParQ form, informed consent and liability form, health history questionnaire
- Pay for your sessions in advance
- Communicate with your personal trainer about likes and dislikes
- Notify the Fitness Coordinator (974-2971) if you are unhappy with your personal training experience

I, \_\_\_\_\_, have read and understood the policies of the USF Recreation Center Personal Training Program.

\_\_\_\_\_  
Client Signature

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

\_\_\_\_\_  
Trainer Signature

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

## Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of \_\_\_\_\_ and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the University of South Florida of Trustees and the Florida Board of Governors and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery 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 \_\_\_\_\_ or the use of any equipment at \_\_\_\_\_. (Please initial \_\_\_\_\_ )
  
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery 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 \_\_\_\_\_ or use of equipment or machinery 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 physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial \_\_\_\_\_ )

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Date

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Signature

## Informed Consent Agreement

Thank you for choosing to use the facilities, services, or programs of USF. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and services offered by USF and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of USF brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by USF are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by USF, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any question or request further explanation or information about the activities, facilities, programs, and services offered by USF at any time before, during, or after my participation.

I declare that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

Signature \_\_\_\_\_

Date of signing \_\_\_\_\_

Witness \_\_\_\_\_

Note. The law varies from state to state. No form should be adopted or used by any program without individualized legal advice. Reprinted by permission from Herbert (1989).



# PAR - Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity?   |

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If  
you  
answered

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever—wait until you feel better; or
- if you are or may be pregnant—talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

You are encouraged to copy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have completed this questionnaire. Any questions I had were answered to my full satisfaction.



# Personal Training Pre-Activity Screening

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lb Age: \_\_\_\_\_

Member type: (circle)      Student      Staff      Faculty      Family      Alumni

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## I. Personal Goals: (please circle all that apply)

Weight loss	Flexibility	Stop smoking	Increase muscle size	Lower cholesterol
Reduce stress	Feel better	Aerobic fitness	Muscular strength	Muscular endurance
Sports specific	Post injury	General fitness	Look better	Other: _____

## II. Lifestyle:

Are you currently exercising? YES    NO

If yes, please describe what activities you are doing and how often you do them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities do you prefer? \_\_\_\_\_

List any barriers in your life that you currently perceive may hinder your success in achieving your fitness goals?

\_\_\_\_\_

What is your motivation level (1-10)? \_\_\_\_\_ Your confidence level (1-10)? \_\_\_\_\_

### III. Diagnosed Medical Conditions and Symptoms:

\*Modified from AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire

Assess your health by placing a check mark next to any of these that apply to you.

History:		Other Health Issues:		Symptoms:	
Heart attack		Diabetes		Chest discomfort with exertion	
Heart surgery		Asthma or other lung disease		Shortness of breath at rest or with mild exertion	
Cardiac catheterization		Burning or cramping in lower legs when walking short distances		Dizziness, fainting or blackouts	
Coronary angioplasty		Musculoskeletal problems that limit your physical activity		Taking heart medications	
Pacemaker		Concerns about the safety of exercise		Ankle edema (swelling)	
Defibrillator/rhythm disturbance		Taking prescription medications List:			
Heart valve disease		Pregnant			
Heart failure					
Heart transplantation					
Congenital heart disease					

### IV. Cardiovascular risk factors:

You are a man older than 45 years.		Your cholesterol level is above 200 mg/dL	
You are a woman older than 55 years, have had a hysterectomy or are postmenopausal		You do not know your cholesterol.	
You smoke, or quit within last 6 mo.		You have a father or brother who had a heart attack or heart surgery before he was 55 years old or a mother who had these things before she was 65 years old.	
Your blood pressure is higher than 140/90		You are physically inactive (you get less than 30 min. of physical activity on at least 3 days/ week.)	
You take blood pressure medication.		You are 20lbs overweight.	

\* Please sign below to certify that all of the information on this form is correct to the best of your knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Client Stratification: (Completed by staff)		
Low risk	Moderate risk	High risk
Medical clearance needed: Yes No		