

PERSONAL TRAINING POLICIES

1. Clients must be a current member of Campus Recreation or purchase a valid guest pass for all sessions with a trainer. See [Membership Policies](#) for details of how to obtain a valid membership or pass.
2. Personal training packages expire 9 months after purchase date.
3. Refunds will be given for unused training sessions if requested before the 9 month expiration.
4. A 24 hour notice is required to cancel a training appointment with no charge.
5. If your health questionnaire reveals that you potentially have risk factors associated with exercise, are currently on medications, or have a serious or chronic medical condition, you must provide your trainer with a medical release form from your physician. Training sessions cannot begin until your physician has cleared you to exercise.
6. All clients must wear appropriate footwear and clothing.
7. All required forms (informed consent, health history, exercise history, PARQ, and physician release if appropriate) must be completed before training sessions begin.

Signature _____



(406) 243-2833

www.umt.edu/fitness

Informed Consent for Participation in Personal Fitness Training Program for Apparently Healthy Adults (Without Known or Suspected Heart Disease)

Name _____

1. Purpose and explanation of procedure

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me for improvement of my fitness level and general health and well-being. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a fitness assessment prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. Personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that while I exercise, a personal fitness trainer will periodically monitor my performance and perhaps measure my pulse and blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

2. Risks

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, by staff supervision during exercise, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be expected and available alternatives to exercise

I understand that his program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program's instructions, I will likely improve my exercise capacity and fitness level after a period of 3 to 6 months.

4. Confidentiality and use of information

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. Information obtained will be used by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

I further understand that there are also other remote risks that may be associated with this personal fitness training program. Despite the fact that a complete accounting of all of these remote risks has not been provided to me, it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Client's signature _____

Date _____



(406) 243-2833 www.umt.edu/fitness

Health and Exercise History Questionnaire

Name _____

Telephone _____

Height _____ Weight _____

Gender _____ Age _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES

NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever experienced a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have epilepsy? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have emphysema? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you feel pain in your chest when you engage in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have chronic bronchitis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Has a physician ever told you or are you aware that you have high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Has anyone in your immediate family (parents/brother/sisters) had a heart attack, stroke, or cardiovascular disease before age 55? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Has a physician ever told you or are you aware that you have a high cholesterol level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you currently smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are you a male over 44 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Are you a female over 54 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Are you currently taking any medication?
Please list the medication and its purpose _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Do you have any other physical condition that may affect your ability to exercise?
Please list: _____ |

Personal Habits:

- 1. Do you take a vitamin or dietary supplement on a regular basis? ____yes ____no
- 2. Are you currently on a special diet or any dietary restrictions? ____yes ____no
- 3. Do you consider yourself overweight/underweight? ____yes ____no
If yes, (please circle) under over
- 4. Do you currently use tobacco products? ____yes ____no

Exercise History and Attitude:

- 1. Have you been involved in a regular routine of aerobic exercise (moderate intensity, continuous activity for at least 15-20 mins. duration, at least 3 days per week?) ____yes ____no
If yes, for how long and what activities?

- 2. Are you currently involved in weight/strength training program? ____yes ____no
min/day ____ days/week ____
If yes, please explain/summarize your current program (exercises, free weights, group exercise etc.)

- 3. How much time are you planning to devote to a fitness regimen?
On your own time: ____ days/week ____min/day
Meeting with a trainer: ____days/week

What are your specific fitness goals? (Indicate all that apply)

- Increase strength & endurance
- Improve cardiovascular fitness
- Reduce body fat
- Exercise regularly
- Sports conditioning
- Improve flexibility
- Increase muscle mass
- Injury Rehabilitation
- Other _____

What are your specific health goals? (Indicate all that apply)

- Reduce stress
- Control blood pressure
- Stop smoking
- Improve productivity
- Feel better overall
- Other (please be specific) _____
- Improve nutritional habits
- Control cholesterol
- Achieve balance in life
- Reduce back pain
- Increase my health awareness

What goals would you like to achieve from participating in Personal Training services? _____

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____ Date _____

Signature _____



Physical Activity Readiness Questionnaire (PAR-Q) and You

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 & 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 any other reason why you should not do physical activity?

YES to one or more questions

Talk to 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 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 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 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.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name.....

Signature.....

Date.....

Signature of Parent.....

Witness.....

or Guardian (for participants under the age of majority)