

How long have you been thinking about these goals? _____

What specifically about today made you take action towards accomplishing your goal?

Who is supporting you during this life changing process? In what way will they support you?

How many days per week are you willing to commit towards your fitness program to achieve this goal(s)? _____

In what ways do you think your trainer can best help you throughout this process?

PREFERENCES:

When working out, it is important to feel: (select one)

CHALLENGED

STRUCTURED

When you exercise or perform activity, you prefer:

STRUCTURE

FREEDOM

BOTH

ROUTINE

VARIETY

BOTH

PRACTICAL

ADVENTURE

BOTH

To reduce stress, you prefer exercises that are: (select one)

EXCITING

RELAXING

Yes, or no, does your occupation:

Require prolonged sitting? (Select one)

YES

NO

Require repetitive movements?

YES

NO

Cause anxiety or mental stress?

YES

NO

Have you ever worked with a fitness professional?

YES

NO

Physical Activity Readiness Questionnaire (PAR -Q)

Every participant must sign the Wellness Center Waiver form prior to engaging in any activities. This form can be completed upon activating your membership.

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

- Y N** Has a physician ever said you have a heart condition; and you should limit your physical activity to that recommended by a physician?
- Y N** When you do physical activity, do you feel pain in your chest?
- Y N** When you are doing physical activity, have you had chest pain in the last month?
- Y N** Do you ever lose consciousness or lose your balance due to dizziness?
- Y N** Do you have a joint or bone problem that may be made worse by a change in physical activity?
- Y N** Is a physician currently prescribing medication(s) for your blood pressure or heart condition?
- Y N** Are you pregnant or postpartum?
- Y N** Do you have insulin dependent diabetes?
- Y N** Are you a woman over the age of 55 OR a man over the age of 45?
- Y N** Do you know of any other reason you should not exercise or increase your physical activity?
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If you answered yes to one or more questions:

1. Your physician may need to complete our medical release form prior to your Personal Fitness Assessment.
2. With your physician's approval you may be able to do any activity you want as long as you begin slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

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

1. Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way.
2. Schedule your initial MicroFit Fitness Assessment – this is an excellent way to determine your basic fitness, and is a prerequisite to working with a Spelman Wellness Personal Trainer.

Delay becoming more active if:

1. If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better.
2. If you are or think you may be pregnant – talk to your doctor before you start becoming more active.

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

Participant's Signature: _____ Date: _____

Trainer: _____ Date: _____

Please read the client policies below and initial where indicated.

Client Cancellation Policy:

Clients who are unable to attend a scheduled session should call to cancel 24 hours in advance on the Personal Training Line at 404-270-4702. In the event that the trainer cannot be reached, leave a message for the Assistant Director, Campus Wellness at 404-270-5702 at least 24 hours in advance. If the client does not call at least 24 hours in advance, they forfeit the scheduled session. After second cancellation, all remaining sessions will be lost for the semester

Initial Here

Lateness Policy:

Trainers are obligated to wait 10 minutes for their clients. After 10 minutes have passed, the trainer is not required to lead the session. If the trainer decides to leave you will forfeit your training session. If the trainer stays and you show up, they will only train you for the remainder of the scheduled training hour. Remaining sessions in package will be lost after (3) times of arriving late.

Initial Here

Package Expiration:

All personal training sessions will expire at the end of the semester. Sessions cannot be rolled over to the next semester.

Initial Here

Liability/Informed Consent

Please read the following Liability/Informed Consent Form. If you wish to proceed with your fitness assessment, personal training or exercise program please sign where indicated.

A fitness assessment may include the following: a cardio respiratory endurance test, muscular strength and endurance test, flexibility test, and body composition assessment. The purpose is to evaluate your current fitness level and help measure your ability to perform physical work. We recommend that you consult with your physician before participating in these exercises.

With this assessment, we hope to determine what can be done to improve your physical condition. Although complications have been few during exercise testing, risks do exist. If a person exercising is not tolerating the experience well, it usually becomes apparent and the exercise will be stopped. You are urged to report any unusual symptoms during the fitness assessment, and may ask that the test be stopped at any time.

I, _____, have enrolled in a program of mild to strenuous physical activity including but not limited to cardiovascular training, weight training, and flexibility training offered by the Campus Wellness. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. I further affirm that I have had ample opportunity to consult with a physician of my choice before participating in this programs.

I fully understand that there are risks involved in my participation in the Campus Wellness Center's exercise program and that I may injure myself as a result of my participation. In consideration of my participation in the Campus Wellness Center exercise programs,

I, _____ for myself, my heir and assigns, hereby release Spelman College and the Campus Wellness Center employees from any liability claim, demands and/or cause of action arising from my participation in the Campus Wellness Center exercise programs.

My questions have been answered concerning the fitness assessment. I am aware that unforeseen complications may arise during these activities. I agree to assume full responsibility for my participation and hereby consent to participate.

I have read and understand the aforementioned statements.

Print Name

Signature

Date

Witness