



# Personal Training Form

Accepted by (print name): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**Staff Use Only**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Classification: Student \_\_ Fac/Staff \_\_ Alumni \_\_  
 Age: \_\_\_\_\_ UGAID# \_\_\_\_\_  
 Emergency Contact and Phone: \_\_\_\_\_  
 Physician's Name and Phone: \_\_\_\_\_

### Medical History (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Heart Condition         | <input type="checkbox"/> Stress  |
| <input type="checkbox"/> Smoke ____ Packs/Day    | <input type="checkbox"/> Family History of Heart Disease? Who/Age: _____ |
| <input type="checkbox"/> High Cholesterol > 200  | <input type="checkbox"/> Arthritis                                       |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Hemia   |
| <input type="checkbox"/> Diabetes: Type I / II   | <input type="checkbox"/> Back Problems                                   |
| <input type="checkbox"/> Overweight              | <input type="checkbox"/> Knee Problems                                   |
| <input type="checkbox"/> Other: _____            |  |
| Surgery: _____ Medication: _____                 |  |
| Other Physical Limitiations: _____               |  |
| General Fitness/Health Goals: _____              |  |

### Services Purchased (circle or check all that apply)

- New Client                       Returning Client (Trainer: \_\_\_\_\_)
- Polar Body Age Fitness Assessment (Required for 1<sup>st</sup> time clients)                       Body Composition Test
- Individual PT                       Buddy PT (Partner: \_\_\_\_\_)
- 1 Sessions      3 Sessions      6 Sessions      9 Sessions      12 Sessions      15 Sessions      20 Sessions
- Name of Trainer you scheduled and/or prefer: \_\_\_\_\_  
*(\*If you do not have a preference, you will be placed with a P.T. who best matches with your availability.)*

### **Full Training Availability:**

*\*Sessions may be scheduled during regular hours of operation, based on Trainer availability. Sessions are one (1) hour in duration. Please provide your "full" availability for best scheduling opportunity.*

Day(s) & Time(s) available: \_\_\_\_\_

**I have carefully read and understand the above information. The policies have been explained to me by the Recreational Sports staff and any questions have been answered to my satisfaction.**

**Signature:** \_\_\_\_\_

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



# Recreational Sports

**FOR OFFICE USE:**

# of Sessions: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Payment Method: \_\_\_\_\_  
 Cashier's Initials: \_\_\_\_\_

NAME \_\_\_\_\_

UGA ID \_\_\_\_\_

## PERSONAL TRAINING

### RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

*(Read carefully before signing)*

I, the undersigned, hereby acknowledge my awareness that my participation in a University of Georgia Department of Recreational Sports class, event, or instruction or program may involve activities which include, but are not limited to, the following: stretching, weight-lifting, running, jumping, kicking, boxing, kick-boxing, yoga, indoor cycling, dancing, step aerobics, water aerobics, other water fitness training activities, martial arts, strength training, boot-camp training, swimming, diving, practicing CPR and other First Aid, and practicing water rescue skills. It may also involve training activities which use various types of athletic equipment which include, but are not limited to, the following: inflatable exercise ball, medicine ball, stationary exercise bicycle, hand weights, free weights, weight machines, a step, resistance bands, jump rope, kick board, swim paddles, water exercise belt, elastic bands, various hand buoys and/or other strength and conditioning and resistance equipment. It may also involve training activities which use various types of resuscitation equipment which include, but are not limited to, the following: personal protective equipment such as gloves and breathing barriers, CPR manikins, gauze, triangular bandages and Automatic External Defibrillators (AEDs).

I also understand that my participation in the aforementioned activities may expose me to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from tripping and falls; drowning; exposure to warm or cold water; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; muscle strains and sprains; concussions; loss of consciousness; and heart attack. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant, to engage only in those activities for which I have the prerequisite skills, qualifications, preparation and training.

I acknowledge that I must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my participation in the University of Georgia Department of Recreational Sports program and that it is strongly recommended that I obtain my own accident and health insurance prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, and any participating agency.



## Recreational Sports

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned's image and/ or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

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### Personal Training Policies

- **First Session**  
Your personal trainer will contact you within 72 business hours to schedule your first session
- **Cancellation Policy**  
24 hours is required for session cancellation. We reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.
- **Late Policy**  
If a client is late for a session, it will still end one hour after the scheduled start time.
- **Refund Policy**  
All packages are nonrefundable, nontransferable and expire 6 months from date of purchase.

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SIGNATURE OF PARTICIPANT

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DATE