

Preston Center Personal Training

Health and Fitness Lab, Preston Center 108

- The Preston Center Personal Trainers are nationally certified in personal training. They are considered professionals in the field. The job of a personal trainer is to design, develop, and instruct you in a personalized fitness program to meet your individual goals.
- The trainer will answer your questions regarding health and fitness and help motivate you in your program. You have the right to refuse specific exercises that you do not feel comfortable with.
- You, as a new client have the option of having a Basic Fitness Assessment done prior to the beginning of your appointments to better track your progress, and to better inform the trainer of your beginning fitness level.
- You may also choose to change trainers if you are not satisfied. We will ask that you inform us of the reason(s) for the change.
- All appointments must be paid for in advance. After payment has been received and the necessary paper work has been completed, you will be free to schedule appointments with a trainer of your choice.
- Appointments are 60 mins. in duration.
- Appointment times are made directly with the trainer. If the trainer is late you have the option to reschedule the appointment, or the amount of time that the trainer is late will be added on to the end of the appointment time. If the trainer doesn't show for an appointment, the appointment will be rescheduled. The trainers require 24hr notice for appointment cancellations. If less than 24hr notice is given the training time will be forfeited (at the discretion of the trainer). If the trainer is sick/injured an alternate trainer may be contacted to substitute with your permission.
- If you fail to show up for an agreed upon scheduled training appointment, the trainer is required to wait 15 minutes, then the appointment will be forfeited (at the discretion of the trainer).
- Your training sessions will be recorded on a log sheet by your trainer. You will be asked to initial after every session to show that the service has been given and to keep you updated on how many sessions you have remaining. You will also be asked to initial upcoming scheduled appointments.
- Trainers will be paid only for those sessions that have been given. If there is any difficulty with the trainer or if the trainer has any difficulty with the client, the problems will be brought to the Lab Coordinator or Exercise Specialist for review. They will decide on an appropriate course of action.
- Please fill out the Medical History and Informed Consent forms which are attached. Please inform us of any and all medical conditions. If there are concerns over your medical history or any injuries you may currently have we may ask you to provide us with medical clearance from your family physician.
- The Trainers are not permitted to offer counsel on nutrition and or nutritional supplements. If you have questions regarding nutrition, direct them towards a registered dietitian. For general information, consult the professionals in the Health and Fitness Lab. Please inform the professionals in the Health and Fitness Lab of any violation of this policy or any of our other policies.

If you have any questions regarding the trainers, our policies or other services offered by the Health and Fitness Lab, please do not hesitate to ask.

Personal Training Informed Consent

Health and Fitness Lab, Preston Center 108

Name: _____
(please print)

I hereby consent to voluntarily engage in the vigorous physical activity, which may include cardiovascular, resistance training, and stretching activities offered by the Western Kentucky University Personal Training Program.

I hereby affirm that I am in good physical condition and do not suffer from any ailment that would be adversely affected by vigorous physical activity. I affirm that all of the information that I have given pertaining to my current health status is truthful and accurate to the best of my knowledge. I acknowledge that I have been informed of the vigorous nature of the Personal Training Program and hereby release Western Kentucky University from any claims, demands and causes of action arising from my participation in this program.

I fully understand that there is a possibility of muscle soreness, injuries, and in rare cases death as a result of participating in this program.

I understand that it is my responsibility to monitor my own condition throughout each training session, and should any unusual symptoms occur, I will cease my participation and inform the Personal Trainer immediately.

I have been informed that the information obtained by the Personal Trainers and by the staff of the Health and Fitness Lab will be treated as privileged and confidential information and will not be released without my consent.

I confirm that I have read this form in its entirety or that it has been read to me if I have been unable to read it, that I understand the risks associated with participating in the Personal Training Program, and that my questions regarding the program have been answered to my satisfaction. I consent to the conditions of all services and procedures as explained by all program personnel.

Signature of participant

Date

Social Security Number

Phone Number

Date of birth

Witness

PERSONAL TRAINING QUESTIONNAIRE

(all information is confidential and is necessary to ensure your safety)

NAME: _____

DATE: _____

STUDENT _____

SS#: _____

PHONE: _____

FAC/STAFF _____

COMMUNITY _____

D.O.B. _____

AGE: _____

SEX: _____

HEIGHT: _____

HEALTH QUESTIONS

(All responses are confidential and used solely to ensure your safety and well-being during your appointments with the personal trainer).

PLEASE ANSWER **YES** OR **NO**.

___ Do you have a personal history of coronary or atherosclerotic disease?

___ Any personal history of metabolic disease i.e.: (thyroid)?

___ Do you have diabetes? If so, longer than 15 years? ___
Or less than 15 years? ___ If so, do you take insulin? ___

___ Have you ever experienced pain or discomfort in your chest during exercise?

___ Any unaccustomed shortness of breath? If so, when? _____

___ Any dizziness or fainting? If so, when? _____

___ Any breathing difficulties at night? _____ or in cold weather _____ or with exercise?

___ Any rapid throbbing or fluttering of the heart? If so, when? _____

___ Any ankle edema (swelling of the ankles)?

___ Any severe pain in the leg muscles during walking/jogging?

___ Do you have a known heart murmur?

___ Have you ever been told you have high blood pressure? If so, when _____? (High BP is over 140/90).

___ Do you know your cholesterol? Has it ever been over 240 mg/dl? _____

___ Do you have any family history (blood relatives) of cardiac or pulmonary disease prior to age 55?

____ Do you suffer from frequent heartburn or upset stomach?

GENERAL QUESTIONS

What are your present health goals?

What would you like to know more about? _____

Are you exercising now?

How often and what are you doing?

Are you on any medications of any kind?

If so, which ones and for what?

Have you had any operations?

If so, for what and when?

Do you smoke? _____ If not, did you ever, regularly? _____

If you did ever, when did you quit for good? _____

Do you have or have you had any back, knee or other orthopedic ailments or injuries that may affect your exercise prescription? _____ if so, explain in detail and how is it now?

Were you in any high school or college athletic teams? _____

Which sports and for how long?

How many days a week and for how long are you willing to engage in exercise?

During what hours and on which days are you available to engage in exercise?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Sat/Sun: _____

Would you prefer a male or female trainer? Male Female No Preference