

VSU CAMPUS REC

FITNESS & WELLNESS

Personal Training Registration Form

Please Check One: Student:___ Faculty/Staff:___ Alumni:_____ Today's Date:_____

Client's Name:_____ VSU ID #:_____ Telephone Number: _____

E-mail Address:_____ Personal Trainer Requested:_____

Number of sessions per week wanted with trainer: _____ Availability:_____

Personal Training Session Pricing

One-on-one Personal Training

Packages	Student Price	Faculty/Staff Price	Purchased
1	\$18	\$21	
3	\$52	\$57	
6	\$100	\$110	
9	\$142	\$155	
12	\$187	\$200	
15	\$230	\$240	
30	\$450	\$465	

Buddy (2 people) Personal Training

Packages	Student Price	Faculty/Staff Price	Purchased
1	\$38	\$42	
3	\$80	\$90	
6	\$160	\$175	
9	\$245	\$260	
12	\$315	\$325	
15	\$400	\$420	
30	\$800	\$825	

NOTE: Cancellations are to be made 24 hours in advance. The client must call the TRAINER not Campus Recreation. Failure to provide 24 hours notice will result in a lost session, unless an emergency arises.

- Sessions must be used within 120 days of the purchase date.
- If a client's SRC membership expires or the client is no longer eligible to have a membership, all unused sessions will be lost. Lost sessions are not refundable.
- Wear comfortable clothing that falls within Campus Recreation policies (Sneakers. No tank tops. No jeans.)
- Bring a towel (Campus Recreation Policy) and water bottle (Client's discretion but strongly recommended).
- Arrive 10 minutes prior to your session and meet your trainer in the lobby.
- Follow all Campus Recreation policies during training sessions.

Release: In consideration of the acceptance of my entry, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, and assignees, waive and release any and all rights I may have Against Valdosta State University and other officials, contributors, organizers, volunteers and other parties associated with this program from and against any blame and liability for any and all injuries received by me as a result of the Fitness Assessment/Personal Training program. I attest and verify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate in the program.

Signature: _____

Date: _____

Office Use Only

Total Amount Paid: \$ _____ **Payment Method:** __Check __Cash __Flex

Processed by: (Please Print Clearly) _____