



PERSONAL TRAINING POLICIES AND PROCEDURES AGREEMENT

Valdosta State Campus Recreation bills its Personal Training and Fitness Assessment clients on a pre-pay basis. All sessions are to be paid in full before the start of training.

Our trainers work on a scheduled appointment basis. In order to effectively use our time, we require a client give their trainer 24 hours notice when canceling an appointment. This means that cancellations should be made at least 24 hours prior to the scheduled appointment. Personal Training/Fitness Assessment appointments canceled with less than 24 hours notice will be billed at the normal rate of a single session. In other words, the session will be lost and not rescheduled. Exceptions may be made for emergencies.

Each trainer has agreed with Campus Recreation that he/she will train Campus Recreation clients only on behalf of Campus Recreation and not outside the Recreation Center.

Purchased Personal Training sessions are non-refundable. The only instances in which Campus Recreation will provide refunds are as follows:

1. Campus Recreation is unable to provide a Personal Trainer to the client.
2. A client has a medical condition that makes it impossible for the trainer to work with them. In this case, a physician's written statement is required.

Additional VSU Campus Recreation Personal Training policies are as follows:

- Purchased 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 non-refundable.
- Be on-time or a few minutes early to every session. If the client is late to a session, they will only receive a partial session.
- Clients should eat a meal approximately one to two hours prior to every session to avoid fatigue. Please do not come to a training session on a completely empty stomach. The trainer retains the right to refuse to exercise with a client who has not eaten.
- For the first session, meet your Personal Trainer in the lobby of Campus Recreation.
- Clients must follow all Campus Recreation policies while working out with their trainer.

I have read the above information and I understand, as well as, accept these policies as they are written, in relation to Personal Training and Fitness Assessments. I hereby agree to abide by all of the above policies.

Client Signature _____

Date: _____

Trainer's Signature _____



INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facilities, services, or programs of Valdosta State Campus Recreation. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by _____ and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of VSU Campus Recreation brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and the skill that I possess and use.

I further understand that the activities, programs, and services offered by VSU Campus Recreation are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by VSU Campus Recreation, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I hereby assume any and all such risks seen and unforeseen. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

Knowing the dangers, hazards, and risks of such activities, and for sole consideration of my being permitted to utilize the facilities, services or programs of Valdosta State University as noted above, on behalf of, myself, my family, heirs, personal representatives, I, agree to assume all the risks and responsibilities surrounding my participation in the activities and except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of Valdosta State University, I hereby release, waive, forever discharge, and covenant not to sue Valdosta State University, the Board of Regents of the University System of Georgia, their members individually, and officially, their officers, trustees, agents and employees (current and former) from any and all claims, demands, rights, claims for attorney's fees, and causes of actions of whatever kind and nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from my participation in connection with activities at and through Valdosta State University.

Also, for the sole consideration of my use of the facilities, services and programs of Valdosta State University as outlined above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from my participation in connection with activities at and through Valdosta State University.

I understand and agree that Valdosta State University does not have medical personnel available at the location of the associated activities. I grant my permission for Valdosta State University to authorize emergency medical treatment at an emergency care facility, if necessary, and that such action by Valdosta State University shall be subject to the terms of this Release Agreement. I understand and agree that Valdosta State University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. Further, I assume personal and financial responsibility for any such medical care and treatment.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by VSU Campus Recreation at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Client's Signature: _____

Date: _____

Trainer's Signature: _____



PERSONAL TRAINING
STUDENT RECREATIONAL CENTER