Thank you for your interest in our Personal Training program. Our objective is to help you achieve your personal fitness goals as well as maintain a positive and healthy lifestyle following your sessions with a certified Personal Trainer. Please take a moment of your time to fill out the attached packet. This packet will help us understand your current fitness levels, your health history, and your expected results from exercising with a certified Personal Trainer here at Valdosta State University’s Campus Recreation Facility!

This packet includes:

- Physical Activity Readiness Questionnaire (PAR-Q)
- Participant Information & Health History Form
- Participant ACSM Health Status Form
- Participant Questionnaire Form
- Personal Training Policies and Procedures Agreement
- Personal Training Consent Form
- Participant Frequently Asked Questions

All information in this packet will be kept confidential. Only our certified Personal Trainers, the Graduate Assistant of Fitness, and the Coordinator of Fitness will have access.
PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

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<th>YES</th>
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| 1.  | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  
| ☐   | ☐  |
| 2.  | Do you feel pain in your chest when you do physical activity?  
| ☐   | ☐  |
| 3.  | In the past month, have you had chest pain when you were not doing physical activity?  
| ☐   | ☐  |
| 4.  | Do you lose your balance because of dizziness or do you ever lose consciousness?  
| ☐   | ☐  |
| 5.  | Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?  
| ☐   | ☐  |
| 6.  | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?  
| ☐   | ☐  |
| 7.  | Do you know of any other reason why you should not do physical activity?  

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

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

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME

SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN (for participants under the age of majority)

WITNESS

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.
Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

Get Active Your Way. Every Day—For Life!
Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort

- Very Light Effect
  - Smiling
  - Walking
- Light Effect
  - Vigorous Effect
  - Running
- Moderate Effect
  - Cycling
- Vigorous Effect
  - Swimming
- Maximal Effect
  - Swimming

Range needed to stay healthy

- Sitting
- 2-4 days a week
- Activities against resistance to strengthen muscles and bones and improve posture.
- Standing
- 4-7 days a week
- Continuous activities for your heart, lungs and circulatory system.
- Walking
- 7 days a week
- Gentle reaching, bending, and stretching activities to keep your muscles and joints mobile.
- Stretching
- 2-4 days a week
- Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Be sure consult your healthcare professional.

For a copy of the Guide Handout and more information: 1-800-334-9799, or www.paguide.com

Eating well is also important. Follow Canada’s Food Guide to Healthy Eating to make wise food choices.

Physical activity does have to be very hard. Build physical activities into your daily routine.

- Start with a 10-15 minute walk—gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start—you don’t have to make a long-term commitment.
- Do the activities you are doing now more often.

Benefits of regular activity:

- Better health
- Improved fitness
- Better posture and balance
- Lower blood pressure
- Weight control
- Stronger muscles and bones
- Feeling more energetic
- Reduced or reduced stress
- Continuous improvement in daily life

Health risks of inactivity:

- Premature death
- Heart disease
- Stroke
- High blood pressure
- Arteriosclerosis
- Some cancers
- Arthritis
- Obesity
- Diabetes

Fitness and Health Professionals may be interested in the information below:

The following companion forms are available for doctors’ use by contacting the Canadian Society for Exercise Physiology (address below):

The Physical Activity Readiness Medical Examination (PARmed-X) — to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy) — to be used by doctors with pregnant patients who wish to become more active.

References:


For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0E2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gedhill (2002).

Available in French under the title Questionnaire sur l’aptitude à l’activité physique - Q-MAP (revised 2002).
Dear Physician:

Your patient, ____________________________, has applied to participate in one-on-one personal training with the Valdosta State University Student Recreation Center for Students, which requires your medical clearance 1) due to the "yes" response(s) on the Health History/Physical Activity Questionnaire and/or 2) the individual is over 40 years of age and has not been involved in an exercise program on a regular basis.

Your patient will be involved in an exercise program that will be based on the ACSM’s standards for exercise. He/She will be participating in cardiovascular exercise, strength training, and flexibility during their exercise appointments.

Please indicate below if you approve of your patient’s participation in our one-on-one personal training program. Thank you.

____ I know of no reason why the applicant may not participate.

____ I believe the applicant can participate, but I urge caution because 

__________________________________________________________________________

____ The applicant should not engage in the following activities 

__________________________________________________________________________

____ I recommend that the applicant NOT participate

Physician __________________________________________signature

Physician __________________________________________Name Printed

Date ___/___/_______

Address __________________________________________

__________________________________________________________________________

Phone (__) ____-_____


Please Mail Back to:
Valdosta State University
1500 N. Patterson St.
Valdosta, GA 31698
Chelsea Holcombe,
Fitness & Wellness Director

OR Fax to:
(229)259-5088
Chelsea Holcombe,
Fitness & Wellness Director
Please Check One: Student_____ Faculty/Staff____ Alumni____ Community Member____

Client's Name: ______________________________ VSU ID: ______________________________

Telephone Number: __________________________ Email Address: _______________________

Personal Trainer Request: ____________________________________________________________

Requested number of sessions per week: _________ Availability: ________________________

During 1-on-1 training the personal trainer develops a personal relationship with you while also providing a customized workout program to help achieve your personal fitness goals. The buddy training programs allows you and a friend to take advantage of the personal training program together at a more affordable price.

*Free fitness assessment will be included in the purchase of a package!*

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<th>1-on-1 Training</th>
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History
You have had:
- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty
- Pacemaker
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff.

Symptoms
- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You take heart medications

Other health issues
- You have diabetes
- You have asthma or lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You take prescription medications
- You are pregnant

Cardiovascular risk factors
- You are a man older than 45
- You are a woman older than 55, have had a hysterectomy, or are postmenopausal
- You smoke, or quit smoking within previous 6 months
- Your blood pressure is >140/90 mmHg or you do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is >200 mg/dL or you do not know your cholesterol level
- You have had a close blood relative who had a heart attack before 55 (father or brother) or 65 (mother or sister)
- You are physically inactive (i.e., you get <30 mins of physical activity on at least 3 days per week)
- You are >20 lbs overweight
- None of the above

If you marked two or more of the statements in this section, you should consult your physician or other appropriate health care provider before engaging in exercise.
CLIENT INFORMATION

Client name: ___________________________ Email: ___________________________

Date of Birth: ___/___/____ Age: _______ Gender: _____ Phone Number: ________________

Street Address: ______________________ City: __________ State: ______ Zip: ______

Physician Name: _____________________ Physician Phone: ______________ Physician Fax: ______

Does your physician know you are participating in this exercising program: Y __ N __

Are you taking any medication(s) or drug(s)? Y__ N__ If Yes, please describe: ________________

Height:_________ Weight:_________ Desired Weight:_________

HEALTH HISTORY

Please accurately respond to the following questions:

Presently Had Describe

- History of heart problems, chest pain, or stroke
- Increased blood pressure
- A chronic condition of illness
- Difficulty with physical exercise
- Advice from a physician not to exercise
- Surgery within the past 12 months
- Pregnancy within the last 3 months or now
- History with breathing or lung problems
- Muscle, joint, back disorder, or any previous injury now affecting you
- Diabetes or a thyroid problem
- A cigarette smoking habit (10+ cigarettes/day)
- Obesity (over 20% of ideal body weight)
- Increased blood cholesterol
- A history of heart problems in your immediate family
- Hernia or any condition which lifting weights may aggravate
1. Please list goals or outcomes you desire from your personal training sessions in the space provided.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What motivated you to take part in our personal training program?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Do you have any negative experiences towards physical activity?
   If so, please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Have you ever included a normal resistance or cardiovascular routine in your day for longer than 90 days?

______________________________________________________________________________

5. What barriers do you think have prevented you from participating in daily physical activity?

______________________________________________________________________________

______________________________________________________________________________

6. Which of the following exercises are you most interested in? 
   (Check all that apply)
   ___Walking    ___Rowing    ___Stretching    ___Endurance Training    ___Tennis
   ___Swimming   ___Racquetball ___Group Exercise ___Competitive Sports ___Cycling
   ___Jogging    ___Strength Training ___Water Activities ___Basketball
   ___Other:______________________________________________
Valdosta State Campus Recreation bills its Personal Training 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 their 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 appointments canceled with less than 24 hours notice will be billed at the normal rate of a single session, unless an emergency arises. In other words, the session will be lost and not rescheduled. Exceptions may be made for emergencies.

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.

If you do request a refund under these circumstances above, Campus Recreation reserves the right to keep half the value of the remaining sessions in order to protect trainers, and Campus Recreation. When issuing a refund it may take up to 6-8 weeks to receive a refund.

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. 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 VSU Campus Recreation 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:_________
Frequently Asked Questions

Q. What should I wear/bring during my session?
A. Athletic shoes, sleeved shirt, gym shorts/pants, a hand towel, and a water bottle.

Q. Can I choose my trainer?
A. Yes, you can choose a specific trainer or one can be randomly selected for you.

Q. What are the methods I can use to pay for my sessions?
A. Cash, Check, or Flex.

Q. Can I set up a payment plan for my sessions?
A. Unfortunately, no. We require all sessions be paid in full before personal training sessions can begin.

Q. What is buddy training?
A. Buddy training is where two people sign up for group training with a personal trainer. Prices vary from individual training. Buddy training includes a personal trainer for two people.

Q. If I sign up for buddy training, do I always have to train with my buddy?
A. Yes, the sessions purchased with your buddy must all be completed together. You cannot change buddies during sessions.

Q. Can my use of sessions be flexible?
A. Yes, meeting times can vary with you and your Personal Trainer.

Q. Do my sessions expire?
A. Yes, after 120 days your sessions will be forfeited.

Q. If I have an emergency arise, can I make up the session?
A. Yes, your personal trainer will be flexible in the event of an emergency.

Q. How long do the sessions last?
A. About an hour per session for individual training and about 1 ½ for buddy training.
FREE FITNESS ASSESSMENT WITH THE PURCHASE OF A PERSONAL TRAINING PACKAGE

Single Fitness Assessment - $20

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<th>Buddy Training</th>
<th>1-on-1 Training</th>
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Personal fitness goals.

Customized workout program to help you achieve your personal fitness goals with you while also providing a personal relationship with you that develops a connection.