INFORMATION

All clients must have a current IMA membership in order to use the personal training program.

First-time clients are required to purchase the Fitness Introductory Package (described on back). Paperwork must be completed (including the Medical Clearance Form, if applicable) and turned in to the Programs Office in person (3rd floor IMA, Monday – Friday, 8:30 am – 5:00 pm) before scheduling can occur. You may request a trainer or one will be assigned to you based on your needs and availability. Trainer schedules are posted on the Personal Training Program website and at the Programs Office; schedules and availability are subject to change.

After the paperwork has been processed, the personal trainer will contact you via email within three (3) business days of your registration to schedule your first appointment. If you do not receive an email from a trainer, contact the Fitness Coordinator at cwighton@uw.edu or (206) 616-2072.

Please allow a minimum of one week advance notice for all first-time client appointments. At peak times—beginning of each academic quarter—longer wait times may apply.

Note: Personal trainers DO NOT hold office hours. Personal trainers are hourly employees of the University.

POLICIES & PROCEDURES

PAR-Q & Medical Clearance: A medical clearance form is required of all participants who answer ‘yes’ to any of the PAR-Q questions. Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

Session Duration: All personal training sessions are one hour. Trainings may also be 30 minutes in length and will count for half of a session (not applicable on a Fitness Introductory Package, 1-Session, or partner training).

Attire: Come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, supportive sneakers). Participants arriving unprepared for their training session will lose the session.

Late Policy: Clients are responsible for arriving on time to their training sessions. Trainers are only obligated to wait 15 minutes (10 minutes for 30-minute sessions). After 15 minutes (10 minutes), the trainer is not required to lead the remaining time of the session and the client is charged for the session.

Cancellation Policy: Clients must email their trainer 24 hours in advance to cancel a scheduled session. Clients are charged for appointments cancelled with less than 24 hours notice.

Package Expiration/Refund Policy: Clients must complete all personal training sessions before their IMA membership expires or before the expiration date of their sessions. All personal training packages expire six (6) months from the date of purchase. All packages are non-refundable/non-transferable.
NEW CLIENTS

All clients new to personal training with UW Recreation must purchase the Fitness Introductory Package. The appointment is 1.5 hours, takes place in the Personal Training Office (#208), and costs $63.00.

The first 30-minutes consists of a health history screening, which includes measuring blood pressure, calculating resting and training heart rates, and determining body composition. The client and trainer will consult about the results of the screening and any other areas of concern reported in the client’s health history and paperwork.

The last hour will include on-the-floor personal training. The client will be sent home with the results of their exercise screening; additionally, clients will receive a list with instructions of the exercises performed during the appointment.

RETURNING CLIENTS

Clients who have completed the Fitness Introductory Package and would like to meet with a trainer on a regular basis may purchase additional sessions (online or in person at the Programs Office). Sessions may be individual (1:1 training) or with a partner (2:1 training). To get the most of partner training, both clients must have similar fitness goals and abilities. 30-minute appointments are only available for 1:1 training; they are not available for 2:1 training.

Only one trainer may be used per package purchase. All training sessions must be purchased BEFORE scheduling with a trainer.

Not all personal trainers conduct partner or 30-minute sessions. It is advised to check with the trainer before requesting such appointments.

All personal training purchases subject to Washington State sales tax.

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PACKAGES: STUDENT RATE

<table>
<thead>
<tr>
<th></th>
<th>ONE PERSON</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SESSION</td>
<td>$40.00</td>
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</tr>
<tr>
<td>4 SESSIONS</td>
<td>$148.00</td>
<td></td>
</tr>
<tr>
<td>8 SESSIONS</td>
<td>$281.00</td>
<td></td>
</tr>
<tr>
<td>12 SESSIONS</td>
<td>$384.00</td>
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</tbody>
</table>

30-minute appointments may only be applied to 4, 8, or 12 sessions.

<table>
<thead>
<tr>
<th></th>
<th>PARTNER TRAINING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 SESSIONS</td>
<td>$218.00</td>
<td></td>
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<tr>
<td>8 SESSIONS</td>
<td>$376.00</td>
<td></td>
</tr>
<tr>
<td>12 SESSIONS</td>
<td>$504.00</td>
<td></td>
</tr>
</tbody>
</table>

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PACKAGES: NON-STUDENT RATE

<table>
<thead>
<tr>
<th></th>
<th>ONE PERSON</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SESSION</td>
<td>$48.00</td>
<td></td>
</tr>
<tr>
<td>4 SESSIONS</td>
<td>$180.00</td>
<td></td>
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<tr>
<td>8 SESSIONS</td>
<td>$345.00</td>
<td></td>
</tr>
<tr>
<td>12 SESSIONS</td>
<td>$480.00</td>
<td></td>
</tr>
</tbody>
</table>

30-minute appointments may only be applied to 4, 8, or 12 sessions.

<table>
<thead>
<tr>
<th></th>
<th>PARTNER TRAINING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 SESSIONS</td>
<td>$250.00</td>
<td></td>
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<tr>
<td>8 SESSIONS</td>
<td>$440.00</td>
<td></td>
</tr>
<tr>
<td>12 SESSIONS</td>
<td>$600.00</td>
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</tr>
</tbody>
</table>
Welcome to the Personal Training Program within University of Washington Recreation. We have a knowledgeable, experienced staff to assess your fitness level and design a personalized exercise program. To get the most from your session(s), please observe the Client Information Sheet included in this packet, which can also be found on our website. Forms are for personal training staff only, and all information is confidential. All forms must be completed in ink.

Name: ____________________________________________

Email: __________________________ Phone: ______________________

By signing below, you have read and agree to the terms and policies of the UW Recreation Personal Training Program. These policies are located on our website as well as the Client Information Sheet. In addition, you attest that you have answered the Health History and PAR-Q truthfully and to the best of your knowledge. You agree to submit the completed Medical Clearance Form to the Personal Training Program staff if you answered ‘Yes’ to any of the PAR-Q questions. You acknowledge that the PAR-Q is valid for a maximum of 12 months from the date it is completed and become invalid if your condition changes, at which point you must submit an updated PAR-Q to the Personal Training Program. You understand that all forms must be submitted and payment made before scheduling can occur, which includes the Medical Clearance Form, if applicable.

Signature: ____________________________________________ Date: ______________________

OFFICE USE ONLY

Membership Type (Circle): Student Faculty/Staff Other Registration Processing: _____/_____/____

Membership Expiration: _____/_____/____ or Recurring

Indicate the days and times you would most be available for your first appointment. Keep in mind this introductory appointment is 90 minutes long.

<table>
<thead>
<tr>
<th>DAY OF WEEK</th>
<th>Times Available</th>
<th>Dates Available (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
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</tr>
</tbody>
</table>

Personal trainer preferences (preferences cannot be guaranteed):

________________________________________
THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FOR EVERYONE

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from a doctor before becoming more physically active.

Please read the seven questions below carefully and answer each one honestly: check YES or NO.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your doctor ever said that you have a heart condition OR high blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including vigorous exercise).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?</td>
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<td></td>
</tr>
<tr>
<td>Are you currently taking prescribed medications for a chronic medical condition?</td>
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<td></td>
</tr>
<tr>
<td>Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example: knee, ankle, shoulder or other.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your doctor ever said that you should only do medically supervised physical activity?</td>
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<td></td>
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</tbody>
</table>

If you answered NO to all of the questions above, you may proceed with personal training.

If you answered YES to one or more of the questions above, a medical clearance form is required. Discuss with your personal doctor any conditions that might affect your exercise program. All precautions must be documented on the medical clearance form by your personal doctor. *If in doubt after completing the PAR-Q, consult with your personal doctor prior to physical activity.*

NOTE: Personal training staff reserve the right to require medical clearance from any client they deem may be at risk.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PARQ+Collaboration chaired by Dr. Darren E.R. Warburton with Dr. Normal Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie. This document is based off the PAR-Q+ 2011 version from the Canadian Society for Exercise Physiology (CSEP).
Complete the nine questions below. Include explanations for “yes” answers in the space provided.  

Date: __________ 

Name: ____________________________ Gender: _____ Age: _____ DOB: _____/_____/_____ 

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have an ongoing or chronic illness?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Have you had high blood pressure or high cholesterol?</td>
<td></td>
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<tr>
<td>3. Have you ever had a head injury, concussion, or seizure?</td>
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<tr>
<td>4. Do you have a diabetes or thyroid condition?</td>
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<td></td>
<td></td>
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<tr>
<td>5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?</td>
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</tr>
<tr>
<td>6. Have you had a recent (less than 12 months) surgery?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Have you had any problems with pain or swelling in muscles, tendons, or joints? If yes, please list the muscle/tendon/joint.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. Are you currently pregnant?</td>
<td></td>
<td></td>
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<tr>
<td>9. Have you given birth within the past year?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY

**General Physiological Information**

Height _______ Feet _______ Inches 

Weight _______ lbs 

Blood Pressure _______ mmHg 

RHR _______ HRmax _______ 

THR 60% _______ 

THR 70% _______ 

THR 80% _______ 

**Body Composition**

Chest/Triceps _______ 

Ab/Iliac _______ 

Thigh _______ 

Total _______ 

BF% _______
FITNESS HISTORY QUESTIONNAIRE

Answer the questions below to the best of your knowledge. The more thorough your answer, the better the trainer can assist you.

1. **Why** did you decide to meet with a personal trainer?

2. What are your **health/fitness goals?** Rank the items below, with 1 being highest priority.
   - A. _____Increase cardiovascular fitness
   - B. _____Increase strength
   - C. _____Lose body fat
   - D. _____Increase muscle mass
   - E. _____Reduce stress
   - F. _____Increase self-esteem
   - G. _____Train for an event
   - H. _____Rehab from injury/surgery
   - I. _____Improve nutrition
   - J. _____Other:___________________________

3. How would you like to achieve your goals with your **initial fitness appointment**?
   - A. Get practical suggestions for areas of improvement
   - B. Learn how to use strength equipment (machine weights and/or free weights) in the IMA
   - C. Learn new exercises that you can do on your own
   - D. Regular personal training sessions for consistent progress and accountability
   - E. Other:______________________________________

4. Describe your current exercise program. Include how many days a week, amount of time spent, and type of exercise (ex: elliptical, treadmill, weights, etc.).

5. On average, how many days a week do you perform **cardiovascular exercise?**
   - A. 3 or more times
   - B. 1–2 times
   - C. Less than 1 time
   - D. Never
6. On average, how many days a week do you **strength train**?
   A. 3 or more times
   B. 1–2 times
   C. Less than 1 time

7. On average, how many days a week do you exercise at a **moderate or high intensity level**?
   A. 3 or more times
   B. 1–2 times
   C. Less than 1 time
   D. Never

8. On average, how many days a week do you **stretch**?
   A. 3 or more times
   B. 1–2 times
   C. Less than 1 time
   D. Never

9. Is **stress** affecting your health or quality of life?
   A. Yes
   B. No
   C. Not sure

10. What is **preventing** you from reaching your health/fitness goals?
    A. Not enough time
    B. Not sure what to do
    C. Lack of motivation
    D. Lack of support from home/friends/family
    E. Injuries
    F. Cost
    G. ______________________________
11. How do you feel about your current weight?
   A. Would like to lose
   B. Satisfied with Weight
   C. Would like to gain

12. Realistically, how much time do you have for a workout?
   A. 45 minutes or less
   B. 45–60 minutes
   C. 60–90 minutes

13. Have you ever lost 10% (or more) of your weight through diet and exercise and gained it back?
   A. Yes
   B. No
   C. Not sure

14. Do you have a thyroid problem?
   A. Yes: ______________________________
   B. No
   C. Not sure

15. Do you have diabetes?
   A. Yes: ______________________________
   B. No
   C. Not sure

16. Has anyone in your immediate family had the following: heart problems, high blood pressure, high cholesterol, or experienced sudden death at 55 years old or younger?
   A. Yes: ______________________________
   B. No
   C. Not sure

17. Is there anything else you’d like to share with your personal trainer?
I acknowledge that participating in personal training is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of participating in a personal training program include injuries due to equipment failure, bad decision-making, and my underlying physical and mental condition. I understand that unforeseeable accidents occur and I assume all risks associated with such accidents, even though I or the UW staff cannot foresee them.

I agree to pay attention to the condition of all equipment and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the facility staff makes a specific request of or instruction to me, I agree to comply.

I certify that I am physically capable of participating in personal training activities and have informed the staff of any medical or health conditions I have that may affect these activities. I agree to supply a doctor’s not (Medical Clearance Form) should I have experienced any of the following conditions: chest pain while exercising, chest pain while not exercising, loss of balance because of dizziness, loss of consciousness, bone or joint problem that could worsen as a result of physical activity, prescribed medication for blood pressure or heart condition, doctor’s indication of a heart condition, or any other reason why I should not partake in physical activity. In addition, I agree to inform the staff of any changes in my medical or health condition while a participant in this program.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the University of Washington does not provide any medical insurance coverage for me while participating in this facility or offsite.

I agree to assume all risk of personal injury, including paralysis, death, or other permanent disability, medical expenses, lost wages, loss of earning capacity, and property damages and loss incurred while participating at University of Washington Recreation, Personal Training Program.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENT AND SIGN IT OF MY OWN FREE WILL.

Signature: ________________________________ Date: __________________

If participant is a minor under 18 years old, a Parent Consent Form must also be signed and submitted by parent or legal guardian.

Printed Name: ________________________________

EMERGENCY CONTACT

Name: ________________________________ Relationship: _____________

Phone: ________________________________
Dear Doctor:

__________________________ wishes to start a personalized training program with the University of Washington Recreation, Personal Training Program. The Personal Training package includes a health screening (body composition analysis; manual blood pressure measurement; resting heart rate measurement; height/weight measurements), a consultation, and on-the-floor training. The exercise program is designed to start at a comfortable level and become progressively challenging over a period of time. Both cardiovascular exercise and strength training will be a part of the client’s program. All exercise screening and exercise programs will be administered by personal trainers trained in conducting exercise screenings and develop exercise programs.

By completing the form below, you are not assuming any responsibility for our administration of the exercise screening and/or exercise programs. If you know of any medical or other reasons why participation in the exercise screening and/or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the University of Washington exercise screening procedures and/or exercise programs, please call the Fitness Coordinator at (206) 616-2072 (direct line). This form can be faxed to (206) 685-4661.

Report of Physician

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

______ I believe the applicant can participate, but I urge the caution because ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

______ The applicant should not engage in following activities: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

______ I recommend the applicant NOT participate.

Physician’s signature ____________________________________________________________ Date___________

Clinic/Address ________________________________________________________________ Phone_____________