



Campus Recreation and Wellness Personal Training Client Registration Form

Today's date: _____

Name: _____ Date of Birth: _____

Phone: (____) _____

Time(s) you will be available to speak with a trainer: _____

E-mail: _____

How did you hear about us? _____

What are your specific fitness goals?

List any medical problems and current medications.

List any musculoskeletal or back problems.

Check all that apply:

1. I currently exercise:
3 or more times a week ___ 2 times a week ___ 1 time a week ___
Once every so often ___

2. What type of trainer and motivation do you want?
Easy/light intensity ___ Moderate/Challenging ___ Work me hard! ___

3. On what day(s) would you like meet with a personal trainer?
Sun. ___ Mon. ___ Tue. ___ Wed. ___ Thu. ___ Fri. ___ Sat. ___

4. When would you like to begin? _____

5. What time of day would you like meet with a personal trainer?
Early Morning (before 9am) ___ Early afternoon (2pm-4pm) ___
Mid-day (until 12 noon) ___ Early evening (4pm-7pm) ___
Lunchtime (noon-2pm) ___ Late evening (after 7pm) ___

6. I want to meet with a trainer:
Once every couple of weeks ___ Once a week ___

A few times each week ___ I'm not sure ___

Coppin Wellness Center
Personal Training Client Consent Form

In consideration of Coppin Wellness Center's acceptance of my participation in the Personal Training program I, for heir's personal representative(s) assigns and I hereby represent and agree as follows:

1. I fully understand and certify that my participation in the Personal Training program, which may include an exercise prescription, instruction on strength training, the use of cardiovascular equipment, and fitness testing, is neither part of the academic curriculum nor job requirements of the University and is completely voluntary on my part. I also understand I must first be a member of Coppin Wellness Center.
2. I fully recognize and understand that there are risks and hazards, minor and serious, associated with the participation in the Personal Training program, including but not limited to: cuts, scrapes, bruises, lacerations, broken bones, muscle strains, pulls or tears, shin splints, heat prostration, and joint injuries, head injuries, back injuries, foot injuries, hand injuries, back injuries, heart attacks, paralysis and even death.
3. I understand that I will be asked to complete various physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, dizziness, nausea, heart palpitations, or similar occurrences appear. At that point, I understand that I should stop exercising and that it is my obligation to inform my trainer of my symptoms.
4. I understand that during the performance of my Personal Training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the reasons understood and understand that if at any point I feel uncomfortable with the physical contact, I will ask the trainer to refrain from physical contact.
5. Knowing the dangers, hazards and risks associated with participating in the Personal Training program and the use of the equipment and facilities, I voluntarily assume all risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in such activities.
6. I understand that this Personal Training program is designed for healthy adults and requires a minimum level of fitness for safe participation. I also understand that the Coppin Wellness Center advises that participants in the Personal Training program have a recent physical examination to determine their level of fitness for participation. I represent and warrant that I am in good physical condition and that there are no physical or health related reasons or problems which would render my participation in the Personal Training program, including the use of equipment and facilities, dangerous or otherwise harmful to the health or physical well-being of myself or others. I further understand Coppin State University does not provide medical, health or other insurance for Personal Training participants.
7. I agree to abide by all rules and regulations applicable to participation in the Personal Training program.
8. **I understand that all fees are non-refundable and I will forfeit any scheduled sessions if I fail to give my trainer 24 hours notice of cancellation.**
9. To the fullest extent permitted by law, I hereby release and forever discharge, and agree to indemnify and hold harmless Coppin State University and the Coppin Wellness Center and its agents, officers and employees from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of my Personal Training program, or the use of the Coppin

Wellness Center's equipment and facilities, whether due to negligence, omission, default or other action any person or entity.

I CERTIFY THAT I AM 18 YEARS OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH THE FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Participant

Date

Printed Name of Participant

Date of Birth