Welcome to the SHSU Recreational Sports Personal Training Program!

Getting Started. The information included in this packet is everything you need to get started with the program. First, complete the attached forms and return them to RSC 162 or the welcome desk. You will be contacted by phone within five business days notifying you of your eligibility to participate in the program. If you have any questions, please call Scott Berkowitz, Assistant Director of Fitness 936-294-1307 or email at fitness@shsu.edu.

Fitness Assessments - $15

Fitness assessments include an evaluation of the major fitness components, including body composition, cardiorespiratory fitness, muscular strength and endurance, flexibility, and core strength.
Member- Any current Sam Houston State University Student, Faculty or Staff, or person with membership at the RSC.

Individual Training Packages

Personal Trainers will design exercise programs to help you stay motivated and reach your fitness goals. ***Find Your Fit*** *includes a fitness assessment, 1-month workout program tailored to you, and weekly check-ins with a certified trainer.*

60-minute sessions *45-minute sessions*

Sessions	Student	Non-Student		Sessions	Student	Non-Student
Find Your Fit	$30	$40				
1	$25	$30		1	$23	$27
3	$59	$69		3	$55	$63
*5	$95	$105		*5	$85	$95
*10	$180	$190		*10	$160	$170
*15	$255	$265		*15	$225	$240

Buddy Training (2 People) and Group Training (3-5 people) packages

60 minute sessions.
Grab a friend and one of our personal trainers to begin achieving your health and fitness goals together. For maximum effectiveness, we strongly recommend that partners have similar fitness goals and be of similar fitness levels. Participants must register and exercise together. Prices are figured as per person cost.

Sessions	Student Buddy/Person	Non-Student Buddy/Person	Student Group/Person	Non-Student Group/Person
1	$20	$25	$15	$20
3	$49	$59	$35	$45
5	$79	$89	$50	$60
10	$130	$140	$95	$105
15	$190	$200	$140	$150

Program Policies

All sessions are one hour in length. Personal Training sessions are non-refundable, non-transferable and expire 1 year from the date of purchase. Guests are asked to cancel at least 24 hours in advance of the scheduled training session. Failure to contact your trainer can result in forfeiture of a session. Sessions that begin late due to the client not being on-time will end one hour from the original start time.
**Packages of 5-15 sessions will get you a complimentary fitness assessment.*
By signing below, I verify that I have read the above information and agree to the terms indicated

_____ _____
Signature **Date**

_____ _____
Printed Name **Sam ID**

SAM HOUSTON STATE UNIVERSITY
RECREATIONAL SPORTS
Informed Consent

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Please read and sign the following document.

Understanding that all Recreational Sports facilities and activities, including use of Personal Trainers, are University-sponsored, I hereby agree to abide by all University regulations as specified in the Student Code of Conduct and/or Faculty/Staff Handbook, and all rules presented by the Recreational Sports staff members, either written or verbal, for the use of their facilities. Furthermore, I understand that failure to abide by these regulations is grounds for possible restriction of my use of the Recreational Sports facilities and/or loss of all recreation privileges in addition to University disciplinary sanctions.

I also understand that Recreational Sports reserves the right to require a doctor's approval before any Personal Training services (including, but not limited to fitness testing to measure flexibility, body composition, muscular strength and endurance, and cardiorespiratory endurance) are provided. Recreational Sports also reserves the right to refuse to provide personal training services if, in its sole discretion, it believes such services may be detrimental for any reason.

In consideration for being permitted to use the services of a Recreational Sports Personal Trainer at Sam Houston State University, I hereby voluntarily agree to the following:

Waiver and Release: I, for myself, my heirs, personal representatives, administrators or assigns, do hereby RELEASE, HOLD HARMLESS, DISCHARGE, AGREE NOT TO SUE AND OTHERWISEAGREE TO INDEMNIFY SHSU, THE TEXAS STATE UNIVERSITY SYSTEM, THEIR REGENTS, OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS from liability from any and all claims, lawsuits, and causes of action including those which result in personal injury, accidents or illnesses (including death), and property loss including, but not limited to those related to NEGLIGENCE OF ANY KIND OR NATURE WHETHER FORSEEN OR UNFORSEEN, arising from my use of the Recreational Sports Personal Trainer's services.

Assumption of Risks: I understand activities associated with the use of a Personal Trainer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, I FULLY UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS MAY INCLUDE minor injuries (such as bruises, sprains, floor burns) to major injuries (such as pulled muscles, broken bones and fractures), and even including death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in personal training activities. I hereby assert that my participation is voluntary and I EXPRESSLY AND SPECIFICALLY ASSUME ANY AND ALL RISK OF INJURY, DEATH, AND OR PROPERTY DAMAGE RESULTING FROM PARTICIPATION IN THESE ACTIVITIES. I hereby certify that I have insurance to cover any charges associated with any injuries or accidents that may occur as a result of my use of a Recreational Sports Personal Trainer.

Acknowledgement of Understanding: I have read the foregoing document and understand its contents. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____ _____
Signature **Date**

_____
Printed Name **SamID**

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT PARTICIPANT INDICATED ABOVE, WHO IS UNDER THE AGE OF 18. I AGREEN ON BEHALF OF MY CHILD OR WARD TO ALL THE TERMS CONTAINED IN THIS RELAESE

_____ _____
Signature **Date**

_____
Printed Name

Health Screening

Name_____ Date_____

Sex M_____ F_____ Address_____

Email Address_____

Phone (Day)_____(Evening)_____

Age_____ Birth Date_____

Physician's Name_____ Phone #_____

Person to Contact in case of emergency_____Phone#_____

Health History

Are you taking any medications, supplements or drugs? If yes, please explain and identify:

_____

_____

Describe and explain your daily routine of physical activity:

_____

_____

_____

Please place an X next to any risk factors that pertain to you.

_____ **Age:** Men ≥45 and women ≥55 years old

_____ **Family History**: Myocardial infarction (heart attack), coronary revascularization, or sudden death before 55 years of age in father or other male first-degree relative (i.e., brother, son), or before 65 years of age in mother or other female first degree relative (i.e., sister, daughter).

_____ **Cigarette Smoking**: Current cigarette smokers or those who quit within the previous six months.

_____ **Hypertension**: Systolic blood pressure greater than ≥130mmHg or diastolic ≥80mmHg, confirmed by measurements on at least 2 separate occasions, or on anti-hypertensive medication.

_____ **Hypercholesterolemia**: Total serum cholesterol greater than 200mg/dl. Low-density lipoprotein cholesterol of ≥ 130 mg/dl or high-density lipoprotein cholesterol ≤40 or on lipid-lowering medication.

_____ **Prediabetes**: Fasting plasma glucose ≥100 mg/dl but ≤125 mg/dL or impaired glucose tolerance where a two-hour oral glucose tolerance test value is ≥140 but ≤199 mg/dL, confirmed by measurements on at least two separate occasions.

_____ **Obesity**: Body Mass Index of ≥30kg/m² or waist girth of >102cm for men and >88cm for women

_____ **Sedentary Lifestyle**: Persons not participating in a regular exercise program or meeting the minimal physical activity recommendations from the U.S. Surgeon General's report by accumulating 30 minutes or more of moderate physical activity on most days of the week for at least 3 months.

Negative Risk Factor

_____ **HDL Cholesterol** ≥60 mg/dL

By signing below I verify that I have read all of the above statements and the information I have provided is accurate.

_____ _____

Signature **Date**

_____

Printed Name **Sam ID**

PAR-Q and YOU

(A physical activity readiness questionnaire for people aged 15-69)

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 15-69, 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.

YES	NO		
☐	☐	1.	**Has your doctor ever said that you have a heart condition <u>and</u> 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 <u>any other reason</u> 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 assessment. 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 to you.

If you answered NO to all 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 assessment. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming 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.
- You are or may be pregnant-talk to your doctor before you start exercising.
-

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

Name_____

Signature_____ Date_____

Signature of Parent_____ Witness_____

(for participants under the age of 18)

Exercise History and Attitude Questionnaire

Name_____ Date_____

Please fill out this form as completely as possible.

1. How much time are you willing to devote to an exercise program?
   _____minutes/day _____days/week

2. How much time do you currently devote to an exercise program?
   _____minutes/day _____days/week

3. What types of exercise are you currently doing?
   _____
   _____

4. Are you currently involved in regular cardiovascular exercise?
   Yes_____ No_____ If yes, please specify_____

5. Are you currently involved in regular strength training?
   Yes_____ No_____ If yes, please specify_____

6. What other exercise, sport, or recreational activities have you participated in?
   In the past six months?_____
   In the past five years?_____

7. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:
   15-20yr_____ 21-30_____ 31-40_____ 41-50_____ 51+_____

8. Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?
   Yes_____ No_____ If yes, please specify_____

9. Do you have any negative feelings toward, or have you had any bad experience with fitness testing and evaluation?
   Yes_____ No_____ If yes, please specify_____

10. Rate yourself on a scale of 1 to 5 (5 indicating the highest value) (Circle)

How important is competition:	1	2	3	4	5
Your present cardiovascular capacity:	1	2	3	4	5
Your present muscular capacity:	1	2	3	4	5
Your present flexibility capacity:	1	2	3	4	5

Personal Information Sheet

Name: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Please indicate your preference in personal trainers:

Male_____ Female_____ No Preference_____

We have a limited number of personal trainers, but will do our best to accommodate your needs.

What Fitness Service(s) are you interested in:

Personal Training_____ Fitness Assessment_____

Please indicate the days and times you would like to meet with your personal trainer:

Day/Time:	Day/Time:	Day/Time:	Day/Time:
Day/Time:	Day/Time:	Day/Time:	Day/Time:

Please indicate your health and fitness goals:

_____

_____

Would you like to lose weight? If so, how much? _____

Would you like to gain weight? If so, how much? _____

Thank you for your interest in our personal training program! A Fitness Representative will be in contact with you within 72-hours.