

The Benefits of Having a Personal Trainer

Your decision to acquire a personal trainer is one of the best investments you can make for yourself. Regular exercise is a major self-care strategy. A Personal Trainer will assist you design an exercise program and realistic fitness goals that are right for you. This can empower you to make lifestyle changes which will ultimately enhance the quality of your life.

A Personal Trainer will make sure that you exercise appropriately which will reduce the potential for injury as a result of a lack of knowledge. You will learn how to safely and effectively execute a specific exercises and how use exercise equipment. You will gain tremendous confidence and your adherence to exercise will be enhanced as a result of keeping your appointments with your personal trainer.

If you exercise regularly already, a personal trainer can help you refine and make appropriate changes to your existing training program. A Personal Trainer is committed to making the most of your training program and helping you develop a complete and comprehensive exercise plan.

Answers to most frequently asked questions regarding Personal Trainers

Do I have to be a member of ISU Campus Recreation to have a Personal Trainer?

No, personal training services are open to anyone 18 years and older. Non-members may only use the building while working with their trainer. It is recommended you purchase a \$2 parking pass each day you have a session, as you may be ticketed between 7:30am and 5:00pm.

Can I select my own Personal Trainer?

Yes, you may as long as the Personal Trainer is employed by the ISU Campus Recreation personal training program and their schedule can accommodate yours.

How long are the Personal Training sessions?

The training sessions are 30 minutes in length and may be combined for a one hour session.

When and where do I train?

Training sessions will be held at the ISU Student Recreation Center. Trainers will try to schedule sessions when they are convenient for you.

What will I receive during a training session?

This ultimately depends upon the outcome of your consultation appointment with a personal trainer. The personal trainer will want to discuss with you what your specific needs and goals may be. This will be the basis to determine how many session(s) may be necessary to achieve your designated goals.

Preparing for Your Fitness Assessment

Your initial assessment, which is your first paid session, will take place prior to the start of your training sessions. The assessment will include measurements of strength, flexibility, cardiovascular endurance, and body composition (height, weight, circumferences, body fat percentage, resting heart rate, and blood pressure). The initial assessment results will allow for you and your trainer to discuss personal goals and areas of improvement that you can achieve with your personal training sessions.

Your assessment will be given on the assumption that you have followed these recommendations:

1. Wear athletic clothing (shorts, t-shirt, closed toed training shoes).
2. Avoid food, caffeine, or tobacco products 4 hours prior to your assessment.
3. Avoid alcohol 48 hours prior to your assessment.
4. Avoid moderate/vigorous exercise 12 hours prior to the assessment.
5. If you are currently on medications, please remember to take them at the required time and bring them with you if they are generally used at times of physical exertion.

Expectations

What can you expect from your Personal Trainer?

1. You will be contacted within one week by Chelsea Dolly, Assistant Director of Programs.
2. Once you have been contacted by Chelsea, your personal trainer will contact you within 24 hours.
3. Your trainer will help you develop specific fitness goals.
4. Your trainer will develop a personalized exercise program using data from your health history, fitness assessment results and personal goals.
5. Your trainer will be qualified to teach proper exercise techniques and progressions.
6. Your trainer will have a positive attitude and provide you with individual attention during your sessions.
7. If your trainer needs to reschedule an appointment, you will be notified by your trainer at least 24 hours in advance.
8. Your trainers will arrive at least 5 minutes before your scheduled appointment prepared with your personal workout.
9. Should you have any concerns with your personal trainer, please contact Chelsea Dolly @ 812-237-8974 or Chelsea.Dolly@indstate.edu.

What will be expected of you?

1. Come dressed to exercise at each session. Ideally, this would include athletic shoes, shorts and a t-shirt.
2. **Provide 24 hours' notice of cancellations** (in medical emergencies, provide as much notice as possible).
3. If arriving late, call your trainer directly or the Welcome Desk at 812-237-4358. If trainers do not receive a call within 30 minutes of the scheduled appointment, you will be charged for the session.
4. If you are more than 5 minutes late for your session, your session will only be as long as what is left of the time remaining of your appointment. The session will NOT last longer than 30 minutes.
5. Inform your trainer of any changes in your health status, as this may affect your exercise program.

PERSONAL TRAINING FINANCIAL CONTRACT AND AGREEMENT FORM

Client's Name _____ ISU ID Card Number _____ Age _____ Gender _____

Email _____ Local Address _____

Phone _____ Contact Preference Text Email Phone call

Contact in case of emergency Name _____
Phone _____

Client Availability

*CHECK THE HOURS YOU **CAN** WORKOUT WITH YOUR TRAINER*

HOURS	MON	TUE	WED	THURS	FRI	SAT	SUN
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
Noon							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00pm							

Training Preferences

Note: indicating specific preferences or interests will help us match you with an appropriate trainer when possible.

Trainer gender (circle one): Male Female No Preference OR Specific Trainer: _____

Please list any special training interests? _____

(e.g. power, endurance, sport specific, functional, balance, or core training, etc.)

What are your current goals? _____

(e.g. lose weight, gain muscular strength or size, reduce stress or pain, better health, etc.)

To be completed by Supervisor and Personal Trainer

Assigned To: _____

Date Assigned: _____

Date Started: _____

Date Completed: _____

Notes: _____

Trainer's Signature: _____

Sessions

___ 8 Sessions \$130

___ 16 Sessions \$225

*Each session is 30 minutes. *Sessions maybe combined to last 1 hour.

*A 45 minute assessment is included in the 1st session.

Sessions expire after one calendar year from date of purchase. Refunds will not be issued for unused sessions after expiration date.

Non-members may only use the facility while working with their trainer. If found to not be in compliance, sessions will be cancelled without refunds.

I hereby agree to pay the amount indicated above for the Personal Training package that I have selected. I understand that I must prepay for each personal training session and that all prepaid sessions must be used within one calendar year from date of purchase. I also understand all contracts are non-transferable.

I understand I am expected to call my trainer 30 minutes prior to my scheduled appointment time if I am going to be late. I understand if I am more than 5 minutes late for a session, my session will last the remainder of the allotted session time and the session will NOT last longer than 30 minutes. I understand it is my responsibly to contact the personal trainer of a cancellation of a session at least 24 hours prior to the scheduled appointment time. Failure to provide notification will result in being charged for the session unless it is a result of illness.

It is the policy of Indiana State University Campus Recreation to only provide refunds under the following circumstances:

- **Campus Recreation is unable to provide a trainer as a result of the lack of available Personal Trainers and/or client's schedule cannot be accommodated.**
- **A client's medical condition exists that makes it impossible to work with a personal trainer. In this case, a Physician's written notification is required.**

I understand all information obtained during a personal training program is confidential and will not be revealed to any person without my consent. I do agree to allow the use of information for the specific purpose, or discussion with other staff in order to develop, plan, and evaluate the progress of my personal training program.

I agree to comply with all the Rules and Regulations of the Indiana State University Personal Training program.

I understand all of the personal trainers have successfully completed the ISU in-house certification program.

I, _____ have read this contract and have been given the opportunity to ask questions regarding the terms and conditions of this contract. I understand the content of this contract and consent to its conditions.

Health Status Questionnaire

Name _____

Date _____

Please answer each of these questions honestly and to the best of your ability by circling either Yes or No. If you are unsure, you may leave the response blank. This questionnaire will be used to determine if it is necessary to obtain medical clearance before meeting with your personal trainer.

- | | | |
|-----|----|--|
| Yes | No | Do you have any personal history of heart disease? |
| Yes | No | Do you have any personal history of metabolic disease (thyroid, renal, liver)? |
| Yes | No | Do you have any history of lung disease? |
| Yes | No | Have you ever been diagnosed with diabetes? |
| Yes | No | Have you experienced pain or discomfort in your chest in the past year? |
| Yes | No | Have you had any problems with dizziness or fainting in the past year? |
| Yes | No | Do you have difficulty breathing at rest or at night? |
| Yes | No | Do you suffer from ankle edema (swelling of the ankles)? |
| Yes | No | Do you experience pain in the leg muscles during walking? |
| Yes | No | Do you have a known heart murmur? |
| Yes | No | Have you ever been diagnosed with hypertension? |
| Yes | No | Are you taking any medications for blood pressure or heart disease? |

Signature _____

INDIANA STATE UNIVERSITY STUDENT RECREATION CENTER AND THE DEPARTMENT OF CAMPUS RECREATION FACILITIES RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY

In consideration of Indiana State University allowing me access to Student Recreation Center and all other ISU Recreational Facilities including, but not limited to its fitness, swimming and shower/locker facilities and equipment contained therein (Collectively referred to hereinafter as the Department of Campus Recreation Sports Facilities), I the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

I understand and acknowledge that access to and/or use of the Department of Campus Recreation Student Recreation Center is potentially hazardous and involved risks, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I understand that negligence of the University and other risks associated with my access to and/or use of the facilities may cause injury, illness, paralysis, or death to myself, or other persons, and/or damage to or loss of property. Some of the risks associated with my access to and/or use of the facilities include, but are not limited to, equipment failure, known or unknown medication conditions, improper use of equipment, acts of others, and latent or patent defects or dangerous conditions in the Student Recreation Center. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my access to and/or use of the recreational facilities, and acknowledge that I am voluntarily entering and use of the Student Recreation Center even with the knowledge of these risks.

Acknowledging that such risks exists, I hereby RELEASE AND DISCHARGE the University, its affiliates, and their respective officers, representatives, managers, members, directors, owners, agents, contractors, employees, and each of them and/or anyone associated in any way with my access to or use of the Student Recreation Center, (the "University Group"), from any and all claims, damages, losses, actions, suits, proceedings, expenses, attorney fees, costs, and liability that I, anyone on my behalf, my heirs, next of kin, assigns or personal representatives might have for or relating to any injury to my person or property suffered or claimed to have been suffered by me which arises out of or is related in any manner to my access to or use of Student Recreation Center, but not limited to, any claim that the act or omissions complained of was caused in whole or in part by the strict liability or negligence in any form of the University Group.

I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND the University Group in any action or proceeding from and against all alleged liability, claims, causes of action, damages, losses, suits, proceedings, expenses, attorney fees and costs arising out of or related in any manner to my access and use of the Student Recreation Center, or for my failure to comply with the terms of this Release of Liability and Agreement to Indemnify. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the University Group.

This document is governed by the laws of the State of Indiana, and any cause of action relating to the interpretation or enforcement of this document is subject to the exclusive jurisdiction of a court in Vigo County, Indiana. If one or more portions of this document are found to be unenforceable, the remainder of the document will remain enforceable.

Personal Training Packet

Office of Campus Recreation

I have read and full understand this Release of Liability and Agreement to Indemnify and agree to be bound by its terms. I understand that by signing this document I am waiving certain legal rights, including the right to sue the University Group. I sign this document freely and willingly.

Participant Signature

Date

Print Participant Name

Form Updated 4/14/2020