

THE BENEFITS OF SMALL GROUP TRAINING

Your decision to do small group training is one of the best investments you can make for yourself. Regular exercise is a major self-care strategy. Small group training allows a group of individuals to train together for a common goal while receiving individual attention. A trainer will assist you and your group in designing an exercise program. Whether your group is training for a team run, fitness challenge, to improve health, or just wants to work out with friends; small group training is a fun and safe way to exercise.

Groups benefit because the cost per person is lower than the cost of training one on one with a trainer. The trainer will design exercises appropriate for each member of the group. You will gain tremendous confidence and your adherence to exercise will be enhanced as a result of attending all sessions with your group.

Answers to most frequently asked questions regarding Small Group Training

Do we have to be members of ISU Campus Rec to have Small Group Training?

Every individual in the group using the small group training services must be a SRC member.

Can we select our Small Group Trainer?

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

How long are the Small Group Training sessions?

The training sessions are one hour in length, they can NOT be set up in 30 minute increments. Trainers will schedule sessions according to the group's availability.

What if everyone in our group is at a different level of exercise?

The trainers have experience working with a variety of levels of fitness and will design appropriate exercises for everyone in the group.

What happens if I do not attend a group session?

You forfeit that session. There are no make-up sessions nor can you transfer your session to someone else. There are no refunds.

Can I have a small group training session if other people in my group don't show up at the designated time?

Yes, you will always have a training session regardless if everyone in your group is in attendance.

Expectations

What can you expect from your Small Group Trainer?

1. You will be contacted within one week by Hannah Anderson, Graduate Assistant for Fitness, or a trainer.
2. Your group and your trainer will set a specific meeting schedule for training.
3. Your trainer will help you develop 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. Your trainers will arrive at least 5 minutes before your scheduled appointment prepared with your workout.
8. Should you have any concerns with your personal trainer, please contact Hannah Anderson at handerson18@sycamores.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. Inform your trainer of any changes in your health status, as this may affect your exercise prescription.

Health Status Questionnaire

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 _____

Date _____

Name _____

Age _____

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

In consideration of Indiana State University allowing me access to Student Recreation Center, Health and Human Services Facility, and all other ISU Campus Recreation including, but not limited to its fitness, swimming and shower/locker facilities and equipment contained therein (Collectively referred to hereinafter as the Office of Campus Recreation), 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 Office of Campus Recreation Facilities 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 Office of Campus Recreation. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my access to an/or use of the recreational facilities, and acknowledge that I am voluntarily entering and use of the Office of Campus Recreation 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 Office of Campus Recreation Facilities, (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 the Campus Recreation Facilities, 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 Office of Campus Recreation Facilities, 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.

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

SMALL GROUP TRAINING FINANCIAL CONTRACT AND AGREEMENT FORM

I hereby agree to pay the amount indicated above for the Small Group Training package that I have selected. I understand that I must prepay for the package. I also understand all contracts are non-transferable and non-refundable.

I understand all information obtained during a small group training program is confidential and will not be revealed to any person without my expressed written 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 the small group training program.

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

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

I understand it is my responsibility to attend each small group session. Failure to attend session(s) will result in forfeiture of that session. I understand there will not be make up sessions or refunds.

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.

Signature _____

Date _____

Name _____

Indiana State University Recreational Sports

SMALL GROUP TRAINING

FINANCIAL CONTRACT AND AGREEMENT FORM

Name _____ Phone _____ Email _____ 991- _____

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Sessions are 1 hour in length, includes assessment during 1st session. Sessions may NOT be split into ½ hour sessions. All 5 sessions must be completed within a 9 week period.

	Group Rate	Individual Rate (each pay)
<input type="checkbox"/> 2 People	\$160	\$80
<input type="checkbox"/> 3 People	\$189	\$63
<input type="checkbox"/> 4 People	\$216	\$54
<input type="checkbox"/> 5 People	\$225	\$45

Please list 3 days your **GROUP** can meet

Option 1 Day of the week _____ Time of day _____

Option 2 Day of the week _____ Time of day _____

Option 3 Day of the week _____ Time of day _____

To be completed by Supervisor and Personal Trainer

Assigned To _____

Date Assigned _____

Date Started _____

Date Completed _____

Trainer's Signature: _____