

# **ETSU CAMPUS RECREATION - PERSONAL TRAINING REGISTRATION PACKET**

*Please return this packet, with all 4 pages fully completed and signed to the CPA Member Services desk.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ E #: \_\_\_\_\_

(Circle) My preferred method of contact is:      text                      e-mail                      phone call

(Circle) I am:      Student              Faculty/Staff              Spouse/Domestic Partner/Alumni              Dependent (16 & older)

(Circle from the table below) I am signing up for:

Student	
Fitness Assessment & Goal Setting Session	\$10
3 Sessions	\$65
6 Sessions	\$115
12 Sessions	\$215
Faculty/Staff/SDPD	
Fitness Assessment & Goal Setting Session	\$15
3 Sessions	\$75
6 Sessions	\$130
12 Sessions	\$240

All ETSU students and CPA members interested in purchasing a personal training package are required to also purchase and complete a Fitness Assessment & Goal Setting Session. After redeeming a Fitness Assessment & Goal Setting Session, patrons may purchase a 3, 6, or 12-session package. This registration packet must be filled out to purchase a Fitness Assessment & Goal Setting Session before purchasing a personal training package. All package fees are to be paid at the CPA Member Services desk with cash, check, credit/debit card or IDBUCS or online. Visit [campusrec.etsu.edu](http://campusrec.etsu.edu) to access the online payment link.

All PT sessions must be used within 6 months of purchase. Any remaining sessions after 6 months will be forfeited. Any cancellations without 24-hour notice will result in one session being charged.

All patrons choosing to continue personal training after an absence of greater than 12 months, will be required to purchase a Fitness Assessment & Goal Setting Session before beginning personal training.

**NOTE:** Upon submission of your registration packet, you will be contacted within 5 business days with next steps. If you have not been contacted within 5 business days, please email [fitness@etsu.edu](mailto:fitness@etsu.edu).

## **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)**

	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?	_____	_____

## **MEDICAL HISTORY QUESTIONNAIRE (please use additional paper if necessary)**

1. When was the last time you had a physical examination?
2. List any medications you are taking, why, and the dosage level if known.
3. Has your doctor ever diagnosed you as having asthma, heart disease, stroke, diabetes, or epilepsy? Has anyone in your family been diagnosed with any of these conditions?
4. Have you ever had back problems, arthritis, or orthopedic problems?
5. Are you pregnant, or do you have any reason to believe you are?
6. Have you had surgery that will limit your exercise program? If yes, please explain.
7. (Circle) Do you have an at-risk cholesterol reading?      Yes              No              Not available
8. (Circle) Do you have an abnormal resting ECG?              Yes              No              Not available
9. How often do you consume alcoholic beverages?

- a) 0 times per week
- b) 1-2 times per week
- c) 2-3 times per week
- d) 3+ times per week

10. What is your current age? \_\_\_\_\_

11. Have you ever participated in a regular exercise routine? \_\_\_\_\_

12. How many days do you perform aerobic training weekly? \_\_\_\_\_ Resistance? \_\_\_\_\_

13. What is/are your primary reason(s)/goal(s) for participating in personal training? \_\_\_\_\_

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**\*\*\* Doctor's clearance may be required to begin Personal Training sessions. \*\*\***

### **TRAINING AVAILABILITY**

**Per day, please list the times you are available to train.**

**Monday:** \_\_\_\_\_ **Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_ **Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_ **Saturday:** \_\_\_\_\_ **Sunday:** \_\_\_\_\_

Please use this space to write anything else you would like your trainer to know:

## WAIVER, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT

In consideration of being allowed to participate in ETSU's Department of Campus Recreation's activities and programs, including the ***Personal Training Program***, hereinafter the "Activity," and with respect to the Activity's instructors, staff, volunteers, and all other persons or entities associated with it, I agree as follows:

Although reasonable steps have been taken to provide me with appropriate preparation, instruction, equipment, and skilled staff for participation in the Activity—for which I may not be skilled—I acknowledge that the Activity involves certain substantial risks, including elements that contribute to its unique character, and could lead to **bodily injury, illness, paralysis, permanent disability, death, property damage, and other dangers associated with participation**. Involvement in activities could also result in **injury or death while traveling to and from the Activity**.

When activities are physically demanding or athletic in nature other risks associated with participation could include but are not limited to: **respiratory failure, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken bones, heat stroke, heat cramp, heat exhaustion, hypothermia, frostbite, stroke, convulsion, unconsciousness, abrasions, fainting, sudden illness, cramps, and shortness of breath**.

I understand that it is my responsibility—prior to my participation in the Activity—to assess these risks and to consider my own personal knowledge of and ability to safely participate in the Activity.

I understand this information is not intended to frighten me or reduce my enthusiasm, but rather to help me know in advance what to expect and to be aware of inherent risks. The following describes some, but not all, of those risks:

- This program may occur in indoor fitness facilities that include weights, machines, mats, and other exercise equipment. Equipment may be improperly adjusted, malfunction, or be used incorrectly, creating a risk of injury.
- Exercises may include lifting, pushing, pulling, jumping, running, or other high-intensity movements. Participants may experience strains, sprains, joint injuries, muscle tears, dizziness, fainting, or other medical complications.
- Environmental factors in indoor facilities, including slippery floors, crowded spaces, or obstacles, may increase the risk of slips, falls, collisions, or other accidents.
- Participants may have pre-existing medical conditions that increase the risk of cardiovascular, respiratory, or metabolic complications. Emergency medical care may be required, and response time may vary depending on location.
- Decisions made by the trainer(s) and participants are based on assessments and experience but are subject to errors in judgment. Participants are responsible for monitoring their own limits and safety.
- Other risks may include dehydration, overexertion, allergic reactions, or unexpected medical conditions that could result in injury or illness.

### 1. Voluntary Participation

I understand and agree that my participation in the Activity is entirely my choice and entirely voluntary, that no one is forcing me to participate, and that I elect to participate in the Activity in spite of, and with full knowledge of, the inherent risks. I agree and understand I may choose to not participate in the Activity, and that my participation in the Activity is not required by the University.

### 2. Assumption of Risk

I understand that that participants in the Activity are responsible for their own safety and that I am solely responsible for my own safety. I understand that the above description of the Activity's risks is not complete, and that there are other unknown or unanticipated risks. I understand that these risks could result in property damage, injury, or death.

I understand that my own participation in the Activity includes the risk of injury or death to me and to others, and includes the risk of damage to my and others' property. I voluntarily assume all such risks, whether foreseen or unforeseen.

### 3. Release of Liability

**RELEASE:** KNOWING THE RISKS OF THIS ACTIVITY, I HEREBY FULLY RELEASE AND DISCHARGE EAST TENNESSEE STATE UNIVERSITY, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES, THE EAST TENNESSEE STATE UNIVERSITY BOARD OF TRUSTEES, THE STATE OF TENNESSEE, THEIR EMPLOYEES, OFFICERS AND AGENTS (COLLECTIVELY, "ETSU"), FROM ANY AND ALL CLAIMS, INJURIES, DAMAGE, OR LOSS WHATSOEVER THAT I MAY HAVE OR THAT MAY ACCRUE TO ME THAT RESULT FROM, ARE RELATED TO, OR THAT OTHERWISE ARISE OUT OF MY VOLUNTARY PARTICIPATION IN THE ACTIVITY, INCLUDING WHILE IN TRANSIT TO OR FROM THE ACTIVITY. I AGREE TO INDEMNIFY ETSU AND HOLD ETSU HARMLESS FOR ANY AND ALL SUCH CLAIMS, INJURIES, DAMAGES,

OR LOSS TO PERSONS OR PROPERTY OR BOTH. IT IS MY EXPRESS INTENT THAT THIS WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT SHALL BIND THE MEMBERS OF MY FAMILY AND MY SPOUSE, IF I HAVE ONE, IF I AM ALIVE, ANY OF MY ESTATE, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, OR ASSIGNS, IF I AM DECEASED, AND IS A WAIVER, RELEASE, DISCHARGE AND COVENANT TO NOT SUE ETSU.

\* \* \* \* \*

It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation. Participants assume all financial responsibility for all medical treatment.

To the best of my knowledge, I am in good health and sufficient mental and physical condition to participate in the Activity. I agree to monitor my health while participating in the Activity, and will withdraw from the Activity immediately and seek medical personnel if I believe continuing will present a risk to myself.

By signing this form, I acknowledge that I am aware of the risks associated with participating in the Activity, that I voluntarily assume those risks, and that I choose to participate in the Activity despite those risks. I—and my parent(s) or guardians if I am a minor—assume and accept full responsibility for me and for injury, death, and loss of personal property and expenses suffered by me and them as a result of these inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my own negligence. I agree that this agreement shall be construed in accordance with the laws of the State of Tennessee. I have had sufficient opportunity to read this document and ask questions.

Participant's name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If the participant is under 18 years old, a parent or legal guardian must sign below.*

I am signing as the parent or guardian to reflect my agreement to indemnify East Tennessee State University from any claim that may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those risks inherent in the course described and not described above, and from the negligence of the participant:

Parent's / Guardian's name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL ETSU STUDENTS ARE REQUIRED TO COMPLETE THE FORM BELOW. THIS REQUIREMENT DOES NOT APPLY TO OTHER CPA MEMBERS.**

**FERPA CONSENT TO DISCLOSE STUDENT HEALTH INFORMATION**

Student name: \_\_\_\_\_

Student E#: \_\_\_\_\_

I voluntarily choose to participate in the ETSU's Department of Campus Recreation's activities and programs, including the *Personal Training Program* (the "Activity").

**A. PURPOSE OF DISCLOSURE**

In connection with my participation in the Activity, the University collects health and medical information to help promote student safety. The University seeks your consent to share this information with Department personnel and non-University personnel who may train or supervise participants during the program.

**B. RECORDS TO BE DISCLOSED**

I consent to the disclosure to these individuals of the information I am disclosing and providing to the Department and the University as part of this registration packet.

**C. PARTIES TO WHOM DISCLOSURE MAY BE MADE**

I authorize the University to disclose the above information to Department personnel and non-University personnel who may train or supervise participants during the program.

**D. DURATION OF CONSENT**

This consent is valid for the duration of my participation in the Personal Training Program, unless revoked in writing earlier.

**E. STUDENT RIGHTS**

- I understand that this consent is voluntary.
- I understand that I may revoke this consent at any time by providing written notice to ETSU's Department of Campus Recreation.
- I understand that revocation is not retroactive and will not affect disclosures made prior to my revocation.

**F. SIGNATURES**

Participant's name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If the participant is under 18 years old, a parent or legal guardian must sign below.*

Parent's / Guardian's name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_