



# PERSONAL TRAINING

*2011-2012*

Dear Participant:

Thank you for your interest in the Portland State University Campus Rec Personal Training Program. You are about to begin a one-on-one customized exercise regimen that will be designed to meet your needs, goals, desires, and interests.

This packet includes information on trainer/client conduct, your health history, and your exercise history and goals. It should be completed entirely and brought with you to your initial consultation. The information in this packet will help your personal trainer to develop a program specifically tailored for you; therefore, it is important to answer all questions honestly. All information will be kept confidential and will be discussed further with your trainer at your first meeting. Completion of new client paperwork includes:

- Reading and signing the Personal Trainer and Client Code of Conduct
- Completion of PAR-Q (1 page) and Health History Form (3 pages)
- Medical Release Form (if necessary)
  - The Medical Release Form is required if you answer “yes” to any question on the PAR-Q and may be required if your trainer determines you are at a higher risk based on information provided on your Health History Form.
  - Attainment of medical release will be organized by your trainer and discussed at your initial meeting.
- Completion of Exercise History and Goals Worksheet (2 pages)
- Completion of Assumption of Risk Agreement (2 pages)

If you have any questions or concerns, please contact Erin Orndorf at (503) 725-2959.

Thank you,

Erin Orndorf  
Coordinator of Fitness & Health Promotions  
Campus Rec  
Portland State University



# PERSONAL TRAINING

## Personal Trainer and Client Code of Conduct

*The Personal Trainer will adhere to the following:*

1. Personal Trainers shall be committed to providing information that is consistent with both the requirements and the limitations of their profession.
2. Personal Trainers shall preserve the confidentiality of privileged information and shall not release such information to a third party unless the client consents to such release or release is permitted or required by law.
3. Personal Trainers and clients shall comply with applicable local, state, and federal laws and with the PSU Campus Rec guidelines.
4. Personal Trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.
5. Personal Trainers shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
6. Personal Trainers shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession or on PSU Campus Rec.
7. Personal Trainers shall never discriminate against any client based in race, creed, national origin, gender, religion, age, handicap/disability, or other such legal classifications.
8. Personal Trainers shall contact new clients within 48 hours of client payment to schedule the first meeting.
9. If a personal trainer is late to a scheduled session, the missed time is owed at no charge to the client. If a trainer consistently arrives late, please contact Erin Orndorf at (503) 725-2959.
10. Personal Trainers shall contact their client within 24 hours to cancel an appointment. Failure to notify the client within this time period will result in the trainer training the client for free. If a trainer consistently cancels, please contact Erin Orndorf at (503) 725-2959.



# PERSONAL TRAINING

## Personal Trainer and Client Code of Conduct (cont.)

*The client will adhere to the following:*

1. For personal training services, there is an additional fee for students and Rec Center members. This fee must be prepaid at the front desk of the Rec Center before your first meeting with a trainer.
2. All clients must present valid ID to gain entrance to the building. Failure to do so will result in missing your scheduled session. No exceptions!

*Initial Here:* \_\_\_\_\_

3. If the client is late to a session, the session will last until the end of the hour that was originally agreed upon. For example, if a session was scheduled for 2-3pm, and the client arrives at 2:10pm, the session will still end at 3pm. If a client is more than 15 minutes late to a session, the trainer is not obligated to stay past that time to wait for the client.

*Initial Here:* \_\_\_\_\_

4. If the client must cancel a session, 24 hours notice is required. If proper notice is not given the trainer will be required to charge for that session.

*Initial Here:* \_\_\_\_\_

5. If the client does NOT use his/her sessions within six months of the purchase date the sessions will expire and become invalid.

*Initial Here:* \_\_\_\_\_

By signing below I acknowledge that I have read and understand the information in the Personal Trainer and Client Code of Conduct.

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

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



# PERSONAL TRAINING

## Health History

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

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

Local Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Health Care Provider:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Please check all conditions you currently have or have had in the past:

- |   |  |
|---|--|
| <input type="checkbox"/> Heart attack         | <input type="checkbox"/> Thyroid condition                             |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Recent surgery (last 12 months)               |
| <input type="checkbox"/> Stroke               | <input type="checkbox"/> Epilepsy                                      |
| <input type="checkbox"/> Chest discomfort     | <input type="checkbox"/> Anxiety or depression                         |
| <input type="checkbox"/> Heart murmur         | <input type="checkbox"/> Fatigue                                       |
| <input type="checkbox"/> Trouble sleeping     | <input type="checkbox"/> Hernia  |
| <input type="checkbox"/> Migraine or headache | <input type="checkbox"/> Stomach problems                              |
| <input type="checkbox"/> Neck problems        | <input type="checkbox"/> Limited range of motion                       |
| <input type="checkbox"/> Back problems        | <input type="checkbox"/> Arthritis                                     |
| <input type="checkbox"/> Broken bones         | <input type="checkbox"/> History of heart problems in immediate family |
| <input type="checkbox"/> Shortness of breath  |  |
| <input type="checkbox"/> Swelling of joints   |  |
| <input type="checkbox"/> Anemia               |  |

Please explain any conditions that you checked (i.e. treatment, symptoms, restrictions):

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1. Do you currently smoke or did you quit smoking within the last 6 months? Yes or No  
If yes, how often do you smoke or how long ago did you quit?

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2. Have you been diagnosed with high or low blood pressure by your doctor? Yes or No  
If yes, what were the last 3 readings? \_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_



# PERSONAL TRAINING

## Health History (cont.)

3. Have you been told you have high cholesterol levels by your doctor? Yes or No  
If yes, please list cholesterol levels and any interventions currently being used to manage your cholesterol: \_\_\_\_\_

\_\_\_\_\_

4. Are you pregnant or post-partum? Yes or No  
If yes, how many months are you? \_\_\_\_\_

5. Do you have diabetes (Type 1 or 2)? Yes or No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Do you have any injuries or orthopedic problems (bursitis, bad back, bad knees, etc.)?  
Yes or No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Are you taking any medications (prescribed or not)? Yes or No  
Please list and explain: \_\_\_\_\_

\_\_\_\_\_

8. When were you last seen by a physician? \_\_\_\_\_

9. Have you ever been advised NOT to exercise by a physician? Yes or No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Are there any other medical conditions or problems (past or present) not previously mentioned in this form that we should know about, or that may affect your ability to begin an exercise program? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_



# PERSONAL TRAINING

## Consent Form

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would restrict my ability to participate in this exercise program.

Participant Name (printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PERSONAL TRAINING

## Medical Release Form

- If you answered “yes” to any of the questions on the PAR-Q form, it is required that you have a medical release completed by your physician before a trainer begins any fitness regimen with you.
- Your trainer may also require that a Medical Release Form be completed before beginning any fitness regimen with you if your health history indicates any higher risk conditions. If necessary, this will be discussed in greater detail during your initial consultation.

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to start a personalized fitness program with a Personal Trainer from Campus Rec at Portland State University.

The activity will involve but is not limited to: regular cardiorespiratory activity and regular resistance training which will elevate his/her heart rate and blood pressure.

If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication(s) \_\_\_\_\_

Effect(s) \_\_\_\_\_

Please identify any other recommendations or restrictions for your patient in this exercise program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you,

Erin Orndorf  
 Coordinator of Fitness & Health Promotions  
 Campus Rec  
 Portland State University  
 Office: (503) 725-2959 Fax: (503) 725-2899

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Printed name \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



# PERSONAL TRAINING

## Exercise History & Goals

1. Check which apply:

- I currently exercise.
- I do not currently exercise and have never exercised regularly in the past.
- I used to be active, but am not anymore. I would like to become active again.

If you do currently exercise, list those activities in which you participate and how much time you spend doing each per week. \_\_\_\_\_

\_\_\_\_\_

If you do not currently exercise, why not? (perceived barriers, unsure of what to do, etc.)

\_\_\_\_\_

2. List any exercise, sport, or recreational activities in which you have participated:

- a) In the past 6 months: \_\_\_\_\_
- b) In the past 5 years: \_\_\_\_\_

3. Which of the following exercise benefits are most important to you? Use the following scale to rate each goal separately.

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Extremely		
Important				Important			Important		

- |  |                         |
|--|-------------------------|
| ___ Improve cardiovascular fitness           | ___ Improve flexibility |
| ___ Increase muscular strength               | ___ Improve balance     |
| ___ Body fat/weight loss                     | ___ Increase energy     |
| ___ Reshape or tone my body                  | ___ Decrease stress     |
| ___ Improve performance for a specific sport | ___ Enjoyment           |
| ___ Improve mood/feel better                 | ___ Social interaction  |
| ___ Improve speed, agility, and power        |                         |
| ___ Other _____                              |                         |

4. How hard do you want to be pushed during exercise? (1 = easy, 5 = really hard)

1      2      3      4      5

5. How much time are you willing to devote to an exercise program?

Minutes per day \_\_\_\_\_ Days per week \_\_\_\_\_



# PERSONAL TRAINING

## Exercise History & Goals (cont.)

6. What types of exercise equipment/activities are you interested in? Please rate the following activities in order of preference with 1 being most interesting and 13 being least interesting.

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Weight Machines        | <input type="checkbox"/> Running  | <input type="checkbox"/> Yoga         |
| <input type="checkbox"/> Free Weights/Dumbbells | <input type="checkbox"/> Swimming | <input type="checkbox"/> Dance        |
| <input type="checkbox"/> Cardio Equipment       | <input type="checkbox"/> Cycling  | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Group X Classes        | <input type="checkbox"/> Walking  | <input type="checkbox"/> Team Sports  |
| <input type="checkbox"/> Other _____            |                                   |                                       |

7. How many meals and/or snacks do you have per day? \_\_\_\_\_

8. Do you feel you eat healthy most of the time? Yes or No

Please check all that apply:

- I pursue a diet that is high in unprocessed foods.
- I eat at least 5 servings of fruits/vegetables every day.
- I almost always eat a full, healthy breakfast.
- I rarely eat high-sugar or high-fat desserts.
- I seldom consume red meats.

9. How many glasses of water do you drink per day?

- 0-2                       3-5                       6-8                       9-12                       more than 12

10. Please write down your primary health/fitness goal for the next:

- a) 1 month: \_\_\_\_\_  
 b) 1 year: \_\_\_\_\_

*Trainers: Please work with your clients to create SMART goals using these as guidelines. Complete the SMART Goals worksheet during your consultation and give it to your clients. Record the basic information for their 1 year goal here for your future reference:*

- Specific** –
- Measurable** –
- Attainable** –
- Relevant** –
- Time-bound** –

11. Please list any additional information that you would like your trainer to know about you before getting started (effective motivation techniques for you, exercises you love/hate, hesitations about beginning a program, etc.) \_\_\_\_\_

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# PERSONAL TRAINING

## PORTLAND STATE UNIVERSITY Assumption of Risk, Release, Indemnification and Participation Agreement

### Parties & Consideration

I, \_\_\_\_\_ (print your name),

A student at Portland State University (PSU) \_\_\_\_\_ (print your student id#) or

A member of the general public

am eighteen (18) years of age or older and voluntarily agree to participate in the: *Campus Rec Personal Training Program (which may include jumping, running, lifting, stretching, and other strenuous activity inside and outside of the Rec Center)* between the date of this signed document and June 30, 2012. In consideration for being permitted to participate in the Activity, I hereby agree and warrant that:

### Statement and Assumption of Risk

Participation in the Activity can be hazardous to my health. I understand that I have an increased chance of suffering personal injury, including but not limited to bodily harm, permanent disability, dismemberment, and/or death by participating in the Activity. Injuries that I might incur include, but are not limited to the following: flesh wounds, muscular-skeletal injuries, cosmetic injuries, permanent disabilities and other injuries including death and or dismemberment. I understand that traveling to and from the Activity site may present additional risk of serious injury or death, and agree to comply with Program requirements for the use of seatbelts by vehicle passengers during travel.

I voluntarily undertake the Activity and agree to accept all risk associated with my participation in this Activity.

### Release of Liability and Indemnification Statement

I understand that there are unavoidable risks involved with participation in this Activity, and I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, PSU, and their officers, employees, agents, trustees and representatives, from any and all liability and all claims and causes of action whatsoever for any damages to or loss of property, personal illness, or injury (including death) caused by, deriving from, or associated with my participation in the Activity.

### Medical Treatment Consent

I fully understand that the Activity may occur in a remote area and that medical services may not be available. In the event of illness or injury to me, and in the event that medical services can be obtained, and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize PSU by and through its authorized representative(s) or agent(s), if any, to secure any necessary treatment including the administration of an anesthetic and surgery. I agree to be the party responsible for all medical expenses that are incurred on my behalf.

### Statement of Health

I certify that I have neither a condition nor circumstance, such as medication, that would prevent me from participating in this Activity. If I have a question concerning my specific situation, I may ask an organizer to clarify but ultimately the decision to participate is mine.

- OVER -

### Statement of Insurance

I am aware that the State of Oregon does not provide medical insurance coverage for participation in the activity and therefore take full responsibility for procuring my personal insurance. If I do not have insurance, I accept full, sole and exclusive financial responsibility for the cost associated with any injury or illness.

**Furthermore**



# PERSONAL TRAINING

- I understand that PSU may not have a representative(s) or agent(s) present at this Activity and the Activity may be solely student-operated.
- I agree to abide by the policies of PSU while engaged in the Activity, and particularly with all the provisions of the Student Code of Conduct. I further agree to comply with all safety rules and procedures presented during the Activity.
- I understand that PSU's authorized representative(s) or agent(s) has authority to revoke my participation in the Activity at any time if, in the judgment of the representative(s) or agent(s), my actions or general behavior are determined to be unacceptable.
- In the event of an injury or death that occurs during my participation in the Activity, I hereby waive my rights of nondisclosure under the Family Educational Rights and Privacy Act, ORS 351.070(4)(e) and any other statutes or rules, and hereby consent to the release of this Agreement to the media, public or any others who inquire.

**Choice of Law: Venue Selection**

In event of a law suit, I agree that all causes of action will be filed in Multnomah County Court, Portland, OR and that this Agreement shall be construed in accordance with the laws of the State of Oregon.

**Severability**

If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

**Final Acknowledgment**

The forgoing is submitted in consideration of PSU and the department and/or program noted above allowing my participation in this Activity. I confirm that I am over 18 and I execute this document with full knowledge of the contents and consequences stated in this release.

**Participant Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Parent or Guardian Indemnification (Complete for participants under the age of 18)**

In consideration of \_\_\_\_\_ (Print Minor's Name) ("Minor") being permitted by the department and/or program noted above to participate in its Activities or use its equipment and facilities, I further agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, PSU, and their officers, employees, agents, trustees and representatives from any and all claims brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_