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 your doctor before you start.

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 and 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**

### Questions

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
   - **YES**
   - **NO**

2. Do you feel pain in your chest when you do physical activity?
   - **YES**
   - **NO**

3. In the past month, have you had chest pain when you were not doing physical activity?
   - **YES**
   - **NO**

4. Do you lose your balance because of dizziness or do you ever lose consciousness?
   - **YES**
   - **NO**

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?
   - **YES**
   - **NO**

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
   - **YES**
   - **NO**

7. Do you have a diabetes or thyroid condition?
   - **YES**
   - **NO**

8. Do you know of any other reason why you should not do physical activity?
   - **YES**
   - **NO**

### YES to one or more questions

If you answered **YES** to one or more questions, **A medical clearance form is required of all participants who answer 'yes' to any of the eight PAR-Q questions.**

**Note:** Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

- **YES**
  - Discuss with your personal doctor any conditions that may affect your exercise program.

- **NO**
  - All precautions must be documented on the medical clearance form by your personal doctor.

### NO to all questions

If you answered **NO** honestly to all PAR-Q 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 appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such a cold or a fever - wait until you feel better; or
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professionals. Ask whether you should change your physical activity plan.

### Informed Use of the PAR-Q:

The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability to persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**Note:** If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"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_______________________________________________ __________

or GUARDIAN (for participants under the age of majority)

**Note:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer **YES** to any of the seven questions.
Welcome to the Personal Training Program within University of Washington Recreation. We have knowledgeable, experienced staff to assess your fitness level and design a personalized exercise program. To get the most from your session(s), please observe the Client Information Sheet included in this packet, which can also be found on our website. **Forms are for personal training staff only, and all information is confidential. All forms must be completed in ink.**

Name:_______________________________________________________________________________________________________

Email:__________________________________________ Phone (c):________________________________________

*Indicate the days and times you would most be available for your first appointment. Keep in mind this introductory appointment is 90 minutes long.*

<table>
<thead>
<tr>
<th>DAY OF WEEK</th>
<th>DATES AVAILABLE (if applicable)</th>
<th>TIMES AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal Trainer preferences **(list more than one, including one male trainer):**
________________________________________________________________________________________________________

By signing below, you have read and agree to the terms and policies of the IMA Personal Training Program. These policies are located on our website as well as the last page of this packet. In addition, you attest that you have answered the PAR-Q truthfully and to the best of your knowledge. You agree to submit the completed Medical Clearance Form to the Personal Training Program staff if you answered 'Yes' to any of the PAR-Q questions. **You understand that all forms must be submitted and payment made before scheduling can occur**, which includes the Medical Clearance Form, if applicable.

Signature:______________________________ Date:_____________________________

**OFFICE USE ONLY**

Membership Type (circle): Office Staff Initials: ________________
Student  Faculty/Staff  Spouse/Partner

Membership Expiration:______/______/_______ Registration Processing:______/______/_______
Complete the nine questions below. Include explanations for “yes” answers in the space provided.

Name:____________________________________ Gender:______ Age:______ DOB:_____/_____/______

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have an ongoing or chronic illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you had high blood pressure or high cholesterol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever had a head injury, concussion, or seizure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you have a diabetes or thyroid condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you had a recent (less than 12 months) surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you had any problems with pain or swelling in muscles, tendons, or joints?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are you currently pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you given birth within the past year?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

If yes, please list the muscle/tendon/joint:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and complete.

Signature:_________________________________________________________ Date:______________

### General Physiological Information

- **Height**: __________ feet __________ inches
- **Weight**: __________ lb
- **Blood Pressure**: __________ mmHg
- **RHR**: __________ **HR<sub>max</sub>**: __________
  - **THR 60%**: __________
  - **THR 70%**: __________
  - **THR 80%**: __________

### Body Composition

- **Chest/Triceps**: __________
- **Ab/Iliac**: __________
- **Thigh**: __________
- **Total**: __________
- **BF%**: __________
FITNESS HISTORY QUESTIONNAIRE

Answer the questions below to the best of your knowledge. The more thorough your answer, the better the trainer can assist you.

1. Why did you decide to meet with a personal trainer?

2. What are you looking to improve?
   a. Cardiovascular exercise
   b. Strength training
   c. Weight management
   d. Stress management
   e. Nutrition
   f. Other: ______________________________

3. What are your health/fitness goals? Rank the items below, with 1 being highest priority.
   a. Lose body fat ______
   b. Increase strength ______
   c. Train for a specific sport/event ______
   d. Rehab from injury/surgery ______
   e. Reduce stress ______
   f. Increase self-esteem ______
   g. ______________________ ______

4. Describe your current exercise program. Include how many days a week, amount of time spent, and type of exercise (ex: elliptical, treadmill, weights, etc.).

5. On average, how many days a week do you perform cardiovascular exercise?
   a. 3 or more times
   b. 1 – 2 times
   c. Less than 1 time
   d. Never

6. On average, how many days a week do you strength train?
   a. 3 or more times
   b. 1 – 2 times
   c. Less than 1 time
   d. Never
Answer the questions below to the best of your knowledge. The more thorough your answer, the better the trainer can assist you.

8. On average, how many days a week do you exercise at a **moderate or high intensity** level?
   a. 3 or more times
   b. 1 – 2 times
   c. Less than 1 time
   d. Never

9. On average, how many days a week do you **stretch**?
   a. 3 or more times
   b. 1 – 2 times
   c. Less than 1 time
   d. Never

10. **Is stress** affecting your health or quality of life?
    a. Yes
    b. No
    c. Not sure

11. What is **preventing** you from reaching your health/fitness goals?
    a. Not enough time
    b. Not sure what to do
    c. Lack of motivation
    d. Lack of support from home/friends/family
    e. Injuries
    f. Cost
    g. _______________________________________________________

12. How do you feel about your **current weight**?
    a. Would like to lose
    b. Satisfied with weight
    c. Would like to gain

13. **Realistically, how much time** do you have for a workout?
    a. 45 minutes or less
    b. 45 – 60 minutes
    c. 60 – 90 minutes

14. Have you ever **lost 10% (or more) of your weight** through diet/exercise and gained it back?
    a. Yes
    b. No
Answer the questions below to the best of your knowledge. The more thorough your answer, the better the trainer can assist you.

15. Do you have a thyroid problem?
   a. Yes:_________________________________________________
   b. No
   c. Not sure

16. Do you have diabetes?
   a. Yes:_______________________________________________
   b. No
   c. Not sure

17. Has anyone in your immediate family had the following: heart problems, high blood pressure, high cholesterol, or experienced sudden death at 55 years old or younger?
   a. Yes:_______________________________________________
   b. No
   c. Not sure

18. Is there anything else you’d like to share with your personal trainer?
I acknowledge that participating in personal training is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of participating in a personal training program include injuries due to equipment failure, bad decision-making, and my underlying physical and mental condition. I understand that unforeseeable accidents occur and I assume all risks associated with such accidents, even though I or the UW staff cannot foresee them.

I agree to pay attention to the condition of all equipment and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the facility staff makes a specific request of or instruction to me, I agree to comply.

I certify that I am physically capable of participating in personal training activities and have informed the staff of any medical or health conditions I have that may affect these activities. I agree to supply a doctor’s note (Medical Clearance Form) should I have experienced any of the following conditions: chest pain while exercising, chest pain while not exercising, loss of balance because of dizziness, loss of consciousness, bone or joint problem that could worsen as a result of physical activity, prescribed medication for blood pressure or heart condition, doctor’s indication of a heart condition, or any other reason why I should not partake in physical activity. In addition, I agree to inform the staff of any changes in my medical or health condition while a participant in this program.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the University of Washington does not provide any medical insurance coverage for me while participating in this facility or offsite.

I agree to assume all risk of personal injury, including paralysis, death, or other permanent disability, medical expenses, lost wages, loss of earning capacity, and property damages and loss incurred while participating at University of Washington Recreation, Personal Training Program.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENT AND SIGN IT OF MY OWN FREE WILL.

Signature:_________________________________________________ Date:____________________

If participant is a minor under 18 years old, a Parent Consent Form must also be signed and submitted by parent or legal guardian.

Printed Name:_______________________________________________ Date of Birth:___________

Phone:_____________________________________________________

UW ID #:_________________

Local Address:_________________________________________________________________________

EMERGENCY CONTACT

Name:_______________________________________________________ Relationship:___________

Phone:_____________________________________________________
GENERAL INFORMATION

INFORMATION

All clients must have a current IMA membership in order to use the personal training program.

First-time clients are required to purchase the Fitness Introductory Package (described on back). Paperwork must be completed (including the Medical Clearance Form, if applicable) and turned in to the Programs Office in person (3rd floor IMA, Monday – Friday, 8:30 am – 5:00 pm) before scheduling can occur. You may request a trainer or one will be assigned to you based on your needs and availability. Trainer schedules are posted on the Personal Training Program website and at the Programs Office; schedules and availability are subject to change.

After the paperwork has been processed, the personal trainer will contact you via email within three (3) business days of your registration to schedule your first appointment. If you do not receive an email from a trainer, contact the Fitness Coordinator at cwigton@uw.edu or (206) 616-2072.

Please allow a minimum of one week advance notice for all first-time client appointments. At peak times—beginning of each academic quarter—longer wait times may apply.

Note: Personal trainers DO NOT hold office hours. Personal trainers are hourly employees of the University.

POLICIES & PROCEDURES

PAR-Q & Medical Clearance: A medical clearance form is required of all participants who answer ‘yes’ to any of the PAR-Q questions. Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

Session Duration: All personal training sessions are one hour. Trainings may also be 30 minutes in length and will count for half of a session (not applicable on a Fitness Introductory Package, 1-Session, or partner training).

Attire: Come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, supportive sneakers). Participants arriving unprepared for their training session will lose the session.

Late Policy: Clients are responsible for arriving on time to their training sessions. Trainers are only obligated to wait 15 minutes (10 minutes for 30-minute sessions). After 15 minutes (10 minutes), the trainer is not required to lead the remaining time of the session and the client is charged for the session.

Cancellation Policy: Clients should email their trainer 24 hours in advance to cancel a scheduled session. Clients are charged for appointments cancelled with less than 24 hours notice.

Package Expiration/Refund Policy: Clients must complete all personal training sessions before their IMA membership expires or before the expiration date of their sessions. All personal training packages expire six (6) months from the date of purchase. All packages are non-refundable/non-transferable.
NEW CLIENTS

All clients new to personal training with UW Recreation must purchase the Fitness Introductory Package. The appointment is 1.5 hours, takes place in the Personal Training Office (#208), and costs $63.00.

The first 30-minutes consists of a health history screening, which includes measuring blood pressure, calculating resting and training heart rates, and determining body composition. The client and trainer will consult about the results of the screening and any other areas of concern reported in the client’s health history and paperwork.

The last hour will include on-the-floor personal training. The client will be sent home with the results of their exercise screening and a workout routine developed by the trainer.

RETURNING CLIENTS

Clients who have completed the Fitness Introductory Package and would like to meet with a trainer on a regular basis may purchase additional sessions (online or in person at the Programs Office). Sessions may be individual (1:1 training) or with a partner (2:1 training). To get the most of partner training, both clients must have similar fitness goals and abilities. 30-minute appointments are only available for 1:1 training; they are not available for 2:1 training.

Only one trainer may be used per package purchase. All training sessions must be purchased BEFORE scheduling with a trainer.

Personal trainers may not conduct partner or 30-minute sessions. It is advised to check with the trainer before requesting such appointments.

PACKAGE PRICING:

<table>
<thead>
<tr>
<th>PACKAGES: STUDENT RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE PERSON</td>
</tr>
<tr>
<td>1 Session</td>
</tr>
<tr>
<td>4 Sessions</td>
</tr>
<tr>
<td>8 Sessions</td>
</tr>
<tr>
<td>12 Sessions</td>
</tr>
</tbody>
</table>

30-minute appointments may only be applied to 4, 8, or 12 sessions.

<table>
<thead>
<tr>
<th>PARTNER TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Sessions</td>
</tr>
<tr>
<td>8 Sessions</td>
</tr>
<tr>
<td>12 Sessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PACKAGES: FACULTY/STAFF/SPOUSE/DP RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE PERSON</td>
</tr>
<tr>
<td>1 Session</td>
</tr>
<tr>
<td>4 Sessions</td>
</tr>
<tr>
<td>8 Sessions</td>
</tr>
<tr>
<td>12 Sessions</td>
</tr>
</tbody>
</table>

30-minute appointments may only be applied to 4, 8, or 12 sessions.

<table>
<thead>
<tr>
<th>PARTNER TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Sessions</td>
</tr>
<tr>
<td>8 Sessions</td>
</tr>
<tr>
<td>12 Sessions</td>
</tr>
</tbody>
</table>

All personal training purchases subject to Washington State sales tax.
Dear Doctor:

___________________________________ wishes to start a personalized training program with the University of Washington Recreation, Personal Training Program. The Personal Training package includes a health screening (body composition analysis; manual blood pressure measurement; resting heart rate measurement; height/weight measurements), a consultation, and on-the-floor training. The exercise program is designed to start at a comfortable level and become progressively challenging over a period of time. Both cardiovascular exercise and strength training will be part of the client’s program. All exercise screening and exercise programs will be administered by personal trainers trained in conducting exercise screenings and developing exercise programs.

By completing the form below, you are not assuming any responsibility for our administration of the exercise screening and/or exercise programs. If you know of any medical or other reasons why participation in the exercise screening and/or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the University of Washington exercise screening procedures and/or exercise programs, please call the Fitness Coordinator at (206) 616-2072 (direct line). This form can be faxed to (206) 685-4661.

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because ________________________________

______________________________________________________________

_____ The applicant should not engage in following activities: ________________________________

______________________________________________________________

_____ I recommend the applicant NOT participate.

Physician’s signature_________________________ Date_________________

Clinic/Address______________________________ Phone_________________