

Steps to Begin Personal Training

- ☐ **Complete and return New Client Packet to the Living Well Center.**

Please double check that all forms are filled out completely and accurately and that you have obtained medical clearance if necessary.

- ☐ **Choose a trainer with a compatible schedule and interests.**

Please visit our website at campusrecreation.ucdavis.edu to view our trainers' biographies, availabilities and select your personal trainer.

- ☐ **Obtain medical clearance if necessary.**

If you checked one or more of the boxes on the Pre-participation Screening Questionnaire, if you have any medical condition or injury that could affect your exercise program, or if you are not currently participating in moderate intensity exercise, there is a possibility that you might need clearance from your physician before beginning your sessions. If you are unsure whether or not to obtain clearance, please call Reed Phinisey at (530) 754-1048 or stop by the Living Well Center.

- ☐ **Schedule your Baseline Wellness Check.**

After verifying that all forms are complete, the Living Well Attendant will contact your trainer and schedule the first session of your package. This first session is known as the Baseline Wellness Check and must be scheduled at least 48 hours in advance.

- ☐ **Meet with your trainer for your Baseline Wellness Check.**

During this wellness check, you and your trainer will review your goals and discuss what to expect from your personal training experience. Your trainer will also observe your movement quality during this session to establish a wellness baseline, which helps the trainer create a highly personalized program. A no show to this (or any) appointment without at least 24 hours advanced notice will result in a forfeited session.

DISCLAIMER: *The ACSM and other standardized industry values measure wellness outcomes based on the gender binary system. At UC Davis Campus Recreation, we recognize that these gender normative evaluations are limited and harmful, specifically for our transgender and non-binary community members. We are actively working to expand our understanding of inclusive wellness indicators and will keep an individualized, client-driven approach at the core of our work together.*

- ☐ **Work with your trainer to schedule your following sessions.**

Once you and your trainer agree upon a regular training time, the Living Well Attendant will book and confirm your training sessions. You may book as many sessions as you have purchased or may book them on an individual basis in the Living Well office. All sessions must be booked at least 48 hours in advance.

Wellness History Questionnaire

Name _____ Date _____

Age _____ Gender Identity: _____ Pronouns: _____

Email Address _____ Contact Phone (_____) _____

Please indicate times that you are available to meet with your trainer:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Weekends: _____

Describe any physical activity you do somewhat regularly.

General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask.

1. Do you have any negative feelings toward, or have you had any bad experience with physical-activity programs?

☐ Yes ☐ No If yes, please explain: _____

2. Do you have any negative feelings toward, or have you had any bad experience with fitness testing and evaluation?

☐ Yes ☐ No If yes, please specify: _____

3. Rate yourself on a scale of 1 to 5 (1 indicating lowest value and 5 the highest)

Circle the number that best applies

Rate your present movement quality	1	2	3	4	5
Rate your present cardiovascular capacity	1	2	3	4	5
Rate your present muscular strength	1	2	3	4	5
Rate your present flexibility	1	2	3	4	5
Rate your likelihood to maintain regular physical activity	1	2	3	4	5
How impacted is your current schedule?	1	2	3	4	5

- ☐ Yes ☐ No If yes, please specify the type of exercise: _____
_____ minutes/day _____ days/week

	Not at all important			Somewhat important				Extremely important		
a. Feel better	1	2	3	4	5	6	7	8	9	10
b. Improve cardiovascular capacity	1	2	3	4	5	6	7	8	9	10
c. Increase muscular strength	1	2	3	4	5	6	7	8	9	10
d. Improve flexibility	1	2	3	4	5	6	7	8	9	10
e. Increase energy level	1	2	3	4	5	6	7	8	9	10
f. Improve ability to cope with stress	1	2	3	4	5	6	7	8	9	10
g. Shift body composition	1	2	3	4	5	6	7	8	9	10
h. Improve performance for a sport	1	2	3	4	5	6	7	8	9	10
i. Social interaction	1	2	3	4	5	6	7	8	9	10
j. Have fun	1	2	3	4	5	6	7	8	9	10
k. Other:	1	2	3	4	5	6	7	8	9	10

Pre-Participation Screening Questionnaire

American College of Sports Medicine

Physician's Name _____ Phone (_____) _____

Emergency Contact Name _____ Phone (_____) _____

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program? ☐ Yes ☐ No

When answering the following questions, note the following definitions:

Moderate intensity: An activity that causes notable increases in breathing and heart rate. Ex., brisk walking

Vigorous intensity: An activity that causes substantial increases in breathing and heart rate. Ex., jogging

Over the last three months, have you regularly participated in some form of physical activity for at least 30 minutes, three days/week at a **moderate** intensity? ☐ Yes ☐ No

If yes, which best describes any vigorous intensity activity in the last 3 months?

- ☐ I participate in some or all vigorous intensity activity
- ☐ None, but I want to begin some vigorous intensity activity
- ☐ None, and I want to continue moderate intensity activity

Medical Conditions

Please select any of the following medical conditions that you currently have or have had.

- ☐ Heart attack
- ☐ Heart surgery
- ☐ Cardiac catheterization
- ☐ Coronary angioplasty (PTCA)
- ☐ Heart valve disease
- ☐ Heart failure
- ☐ Heart transplantation
- ☐ Congenital heart disease
- ☐ Abnormal heart rhythm
- ☐ Pacemaker/implantable cardiac defibrillator
- ☐ Peripheral vascular disease (PVD or PAD): diseases affecting blood vessels of arms, hands, legs, and feet
- ☐ Cerebrovascular disease- stroke or transient ischemic attack
- ☐ Type 1 or 2 diabetes
- ☐ Renal (kidney) disease

Signs or symptoms

Please select any of the signs and symptoms you have recently experienced.

- ☐ Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- ☐ Shortness of breath at rest or with mild exertion
- ☐ Dizziness or loss of consciousness during or shortly after exercise
- ☐ Shortness of breath occurring at rest or 2-5 hours after onset of sleep
- ☐ Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- ☐ An unpleasant awareness of forceful or rapid beating of heart
- ☐ Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- ☐ Known heart murmur
- ☐ Unusual fatigue or shortness of breath with usual activities

"I have read, understood, and completed the following questionnaires. Any questions I had were answered to my full satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of such changes."

Name (printed) _____ Signature _____ Date _____

Medical Clearance Form

For Living Well Office Staff

Participant's name: _____

Medical clearance needed: ☐ **Yes** ☐ **No**

If yes, Medical Clearance is needed for this participant for the following reasons:

- ☐ Inactive and checked at least one item in either Medical conditions or Signs or Symptoms
- ☐ Active and checked at least one item in Medical Conditions, and wants to begin vigorous intensity activity
- ☐ Active and checked at least one item in Signs or Symptoms

ACTION	DATE
Copy of questionnaire and Medical clearance form given to participant on	
Completed/signed Medical clearance form received on	

Reviewed and interpreted by: _____ Date: _____

(Name of Exercise Professional)

Participant's Name (print): _____

UNIVERSITY OF CALIFORNIA, DAVIS

Campus Recreation and Unions Programs & Services

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Campus Recreation and Unions Programs & Services hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Participant

Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred. : The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Date

Personal Training Program Policies

NEW CLIENT POLICIES:

1. **Preparation time** - All sessions must be booked at least 48 hours in advance.
2. **Baseline Wellness Check with your trainer** - In this initial meeting, you and your trainer will discuss your wellness history and establish fitness & movement baselines. This onetime session will last one hour and fifteen minutes.
3. **Session length** - All personal training sessions last one hour.
4. **No show** - A no show to any appointment without giving at least 24 hours of advanced notice will result in a forfeited session.
5. **Late policy** - Trainers are only obligated to wait 15 minutes for clients. After 15 minutes have passed, the trainer is not required to lead the session, and the session may be lost at your trainer's discretion. Sessions starting late will still be completed one hour from the original, scheduled start time.
6. **Cancellation notice** - You are asked to contact your trainer at least 24 hours before the scheduled training session if you anticipate a cancellation. Otherwise, you will lose this session (with the exception of certain emergency circumstances).
7. **Shadowing** - For the continued growth of our program, we sometimes require that our trainers be shadowed by new personal trainers or a Living Well Personal Training Coordinator.
8. **Package expiration** - All personal training sessions expire six months from the purchase date.
9. **All packages are non-refundable** - Extenuating circumstances will be considered. A refund will be granted for medical emergencies upon presentation of a physician's signature. If a refund is granted, the patron will be charged a \$10 processing fee.

BUDDY SESSION POLICIES:

1. **Baseline Wellness Check** - a onetime, one hour and fifteen-minute Wellness Check with attendance of both participants is required for training to proceed.
2. **Late / no-show policy** - If one participant arrives without the other and would like to hold the session anyway, the trainer can lead the session for the lone participant. The session will be completed one hour from the original, scheduled start time. The buddy who does not show up will lose that session.
3. **Cancellation notice** - If both participants wish to cancel the session, you must do so with the Living Well Center or your trainer at least 24 hours before your scheduled time. If one participant would like to cancel and the other would like to train, as long as you are in agreement, the session can be held with only one of you in attendance. The participant who does not attend will forfeit that session.
4. **Buddy sessions are not transferable or refundable** - If one participant no longer wants to train, the sessions will not be refunded and cannot be transferred to another individual. The participant who continues to train may finish the sessions in a one-on-one format.

STATEMENT OF RECOGNITION: "I have read all of the above policies and by signing this document agree to each policy without exception."

Participant's Name (printed) _____

Participant's Name (signed) _____ Date _____

Trainer's Name (printed) _____

Trainer's Name (signed) _____ Date _____