



# Rice University Recreation Center Personal Training Program



## What can a personal trainer do for YOU?

- Design a customized exercise program to meet your fitness goals
- Assist you with:
  - General Conditioning
  - Weight Gain / Weight Loss
  - Overall Health and Fitness
- Provide Weight Training and Cardiovascular Training Instruction
- Provide you with accountability and motivation in your workouts

## About our Personal Trainers

All trainers on staff hold national certifications in personal training supported by an educational background in exercise, health, and fitness and have a variety of specialty experience. Your trainer can provide you with the confidence and knowledge you need to achieve your health and fitness goals!

Find out how to get started inside this packet. Meetings with a personal trainer are by appointment only. Return this completed packet to the Assistant Director for Fitness Programs (MS-523) to get started on your journey to better health!





# Rice University Recreation Center Personal Training Program



## How Do I Get Started??

1. Complete this packet!
2. Return the packet to the Assistant Director for Fitness Programs (MS-523)
3. Choose the session or package type that suits your needs.
4. A Personal Trainer will contact you after review of your health history and goals.
5. Get started on your way to better health!

<u>Session Type</u>	<u>Student</u>	<u>Faculty/Staff Community</u>
Fitness Assessment	\$10	\$25
Consultation + Program Design	\$45	\$60
Single 60 Minute Session*	\$35	\$50
5 Session - 60 min package	\$160	\$225
10 session - 60 min package**	\$275	\$400

\* Pay one flat rate for each session with no commitment.

\*\* This package includes a fitness assessment.

### **Fitness Assessment**

This option will provide you with an assessment of your current cardiovascular capacity, muscular strength and endurance, flexibility and body composition. Your results are provided to you at the end of the session. Please allot approximately 45 minutes for this type of session.

### **Consultation + Program Design**

Already know you need to get active but don't know how? This option includes time with a nationally certified personal trainer in which you:

- Review your goals and current diet and exercise knowledge
- Learn exercises and techniques for achieving your goals
- Receive a personalized training program

Please allot approximately 75 minutes for this type of session.

### **60-Minute Session**

Already exercising regularly and just need something new? This is a great option for anyone who needs help with exercise technique on familiar exercises or wants to be pushed to the next level in their workout.

### **60-Minute Session Package (5 Sessions)**

Need a little more help with your training plan? Start out on the right foot with an initial consultation and program design then 4 additional sessions 1 on 1 with a personal trainer.

### **60-Minute Session Package (10 Sessions)**

This is the best option for those completely new to exercise or interested in a long term commitment with a personal trainer for continued success with your fitness. This package includes an initial consultation and program design then 9 additional sessions 1 on 1 with a personal trainer.

You can purchase as many single session, fitness assessments, or consultation and program design sessions at a time as you would like. Purchase a 60-Minute Package (10 Sessions) receive a free fitness assessment at the conclusion of the package.

**All session, assessment and package prices are subject to change.**



# Personal Training Policies



## Program Policy

Personal Training sessions are 60 minutes long. Fitness Assessments and Consultations vary and will run approximately 45 to 60 minutes. Please be on time for appointments. If a client is late for a session, it will still end at the scheduled time. If a client is more than 15 minutes late for a session, it will be considered a no show and the client will forfeit that session.

Clients must be cleared of any risk factors associated with physical activity before meeting with a personal trainer for a session. If risks are identified, the client must provide the trainer with a signed physician's medical release form stating that the client has been cleared to engage in a physical activity program. The Rice Recreation Center and Rice University will become the training facility for personal training services during the time of the appointment. Trainers are not permitted to train clients under any other conditions or circumstances.

## Payment Policy

Sessions will be prepaid and payment is due at the time of the initial appointment. Check, cash, or credit card are accepted forms of payment. Please make checks payable to Rice University. Credit card payments are subject to a 2.04% fee, to be included in the payment. Paying a personal trainer directly is strictly prohibited; all membership privileges to the Recreation Center will be terminated immediately if this policy is violated.

Session payments are non-refundable. Single and 5 session packages are good for 90 days from the DATE OF PURCHASE. Packages of 10 are good for 180 days from DATE OF PURCHASE.

## Cancellation Policy

24 hours notice is required for a cancellation or rescheduling in order to receive credit for the session. Failure to cancel within this time frame or failure to show up for a session will result in the client being charged for the session. Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note. If there should be a discrepancy, the ultimate decision will be left to the Assistant Director for Fitness.

## Client Agreement:

By signing below, I acknowledge that I understand and agree to abide by the Program, Payment, and Cancellation Policies as stated above.

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**Client Signature**

**Date**

---

**Assistant Director for Fitness Signature**

**Date**



# Participation Agreement, Risk Assumption and Liability Release



I, \_\_\_\_\_, desire to participate in the activities and programs of the Rice University Recreation Center (the "Activities") and, in consideration of being allowed to participate in the Activities and to use the machinery and equipment of the Rice University Recreation Center (the "Facilities"), I do hereby acknowledge and agree as follows:

1. I am fully informed and aware that my participation in the Activities and use of the Facilities involve certain risks, including, but not limited to, property damage and loss, bodily injury, illness and even death. I fully assume any and all such risks.

2. I am in sufficient physical and mental health to participate in the Activities and to use the Facilities. I have medical insurance coverage appropriate for my participation in the Activities and use of the Facilities, and I have provided medical insurance and emergency contact information below my signature on this Agreement. I understand that Rice University shall not provide any insurance for me in connection with my participation in the Activities or use of the Facilities.

**3. I fully and forever release, waive and discharge, and covenant not to sue, Rice University (including, but not limited to, its trustees, faculty, staff, students, agents and representatives), from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including but not limited to, property damage or loss, bodily injury, illness or death) directly or indirectly arising in connection with my participation in the Activities or use of the Facilities, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice University or others.**

4. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, regarding this subject matter. This Agreement (i) may not be amended, by course of conduct or otherwise, and (ii) may not be assigned, in whole or in part, except in writing duly executed by Rice University and me. This Agreement shall be interpreted and enforced in accordance with the laws of the State of Texas, without regard to any conflicts or choice of law principles, and shall be as broad and inclusive as permitted by such laws. If any provision of this Agreement is held unenforceable by a court, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.

5. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding upon and enforceable against me and my family, estate, heirs and legal representatives, (iii) intend that this Agreement benefit Rice University, and (iv) confirm that I am at least 18 years of age, fully competent, and am entering into this Agreement voluntarily and of my own judgment.

I have duly executed and delivered this Agreement as of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_ Medical Insurance Co: \_\_\_\_\_

Print Name: \_\_\_\_\_ Medical Insurance No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_



# Personal Training Program Health/Medical History Questionnaire



**THIS FORM MUST BE COMPLETED BEFORE ENGAGING IN PHYSICAL ACTIVITY**

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

Status (circle one):    Student            Faculty            Staff            Alumni            Rec Member

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

Phone: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

### HEALTH HISTORY

Are you currently taking any medication regularly, including herbals, supplements and over-the-counter drugs?     yes     no    If yes please list type and reason:

Type: _____	Reason: _____
Type: _____	Reason: _____
Type: _____	Reason: _____

Do you have or have you ever had any of the following conditions?

<u>CONDITION</u>		<u>DESCRIPTION</u>
Heart Attack	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Shortness of breath	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Murmurs	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Stroke	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Seizures	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Chest Pain	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Hypertension	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Cancer	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
High Cholesterol	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Hernia	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Arthritis	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Joint swelling	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Emphysema	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Osteoporosis	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Rapid heart beat	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Thyroid	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Anemia	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Asthma	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Eating Disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Musculoskeletal Disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Emotional disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
Other	<input type="checkbox"/> yes <input type="checkbox"/> no	_____



# Personal Training Program Health/Medical History Questionnaire (cont'd)



Have you experienced any of the following? (Recently= within the last month)

- Recent illness                    \_\_\_yes \_\_\_no  
 Recent hospitalization        \_\_\_yes \_\_\_no  
 New medical diagnoses        \_\_\_yes \_\_\_no  
 Recent surgical procedure     \_\_\_yes \_\_\_no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been injured in any of the following areas?

<u>BODY PART</u>		<u>DESCRIPTION</u>	<u>WHEN</u>
Neck	___yes ___no	_____	_____
Shoulders	___yes ___no	_____	_____
Arms	___yes ___no	_____	_____
Abdomen	___yes ___no	_____	_____
Back	___yes ___no	_____	_____
Legs	___yes ___no	_____	_____

Do you know of any physical condition that you have that could be aggravated by exercising or exerting your self?    \_\_\_yes \_\_\_no If yes, please explain:

\_\_\_\_\_

Do you now or have you ever smoked? \_\_\_yes \_\_\_no If yes previously smoked, how long did you smoke, how often and when did you quit? \_\_\_\_\_

If you currently smoke, how much? \_\_\_\_\_

Do you use alcohol? \_\_\_yes \_\_\_no If yes, how much ( per day, week etc)

\_\_\_\_\_

Do you drink caffeinated beverages? (coffee, colas etc) \_\_\_yes \_\_\_no If yes, how many per day? \_\_\_\_\_

Do you consider yourself: (please circle)

Sedentary                    Lightly Active                    Moderately Active                    Highly Active

Would you characterize your life as: (please circle)

Highly stressful                    Moderately Stressful                    Low In Stress

Please describe your knowledge of exercise and fitness: (please circle)

Very knowledgeable                    Knowledgeable                    No Knowledge



# Personal Training Program Health/Medical History Questionnaire (cont'd)



Are you presently involved in a regular exercise program? If yes, please list activity, duration, frequency and intensity: \_\_\_\_\_

\_\_\_\_\_

Please list your personal fitness goals:

\_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever been on a diet? \_\_\_yes \_\_\_no If yes, explain:

\_\_\_\_\_

How would you describe your nutrition habits: (please circle)

Good                      Fair                      Poor

Number of meals you usually eat per day: \_\_\_\_\_

Please list a typical meal plan for the following:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snack: \_\_\_\_\_

Please list below the time(s) you are able to train on each day:

Day	Hours Available	Preference
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Preferred Frequency for Sessions \_\_\_\_\_ / Per Week      \_\_\_\_\_ / Per Month



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**(KEEP FOR YOUR RECORDS)**



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## Program Costs

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