

RECREATION SERVICES

PERSONAL TRAINING CONTRACT

RELEASE OF LIABILITY STATEMENT

I state that I assume full responsibility for any accident or personal injury that might befall me due to my participation in the ISU Recreation Services Fitness Activities. I assume this responsibility with full acceptance of the risks, known and unknown to me at this time. I further state that I have no known health problems, conditions or concerns which may preclude my safe participation in a vigorous physical activity program, and agree to inform the exercise leader of any minor concerns which may develop. I hereby hold harmless and release the State of Iowa, Board of Regents-State of Iowa, Iowa State University and all of their respective officers, agents and employees (hereafter Releasees) from all liability arising out of any injury, loss, claim or damage which may be sustained by me due to my participation in this class. Furthermore, I agree to indemnify and hold harmless Releasees for any loss they might incur due to my participation in the above-mentioned classes.

Yes	No	PHYSICAL ACTIVITY READINESS QUESTIONNAIRE
<input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have chest pain brought on by physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Have you developed chest pain in the past month?
<input type="checkbox"/>	<input type="checkbox"/>	Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever recommended medication for your blood pressure or a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?

If you answered "yes" to any of these questions, call your personal physician or healthcare provider before increasing your physical activity level.

Last Name: _____ First Name: _____ M.I. _____

ISUCard #: 600957 _____ GENDER: MALE FEMALE

Address: _____
Campus or Local including City, State and Zip Code

Day Phone #: _____ E-mail: _____

Check one: New Client Renewal - Name of Trainer: _____

- All participants must present payment receipt to their trainer at the first session as proof of purchase.
- Faculty/Staff/PostDoc, alumni, affiliates, and spouses must have a current facility pass to the Lied Recreation Center

• **Sessions must be completed within six (6) months of purchase. Refunds will only be issued for the remaining sessions left in your training package. Sessions refunded must fall within the six months of purchase date.**

I state that I have read this document, agree with its terms and am signing this contract voluntarily.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Verify ISUCard status. Mark appropriate box below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Student Spouse | <input type="checkbox"/> Student Dependent (18+) |
| <input type="checkbox"/> Faculty/Staff/Post Doc | <input type="checkbox"/> Fac/Staff/Post Doc Spouse | <input type="checkbox"/> Fac/Staff Dependent (18+) |
| <input type="checkbox"/> Retired Faculty/Staff | <input type="checkbox"/> Retired Fac/Staff Spouse | |
| <input type="checkbox"/> Affiliate | <input type="checkbox"/> Affiliate Spouse | |
| <input type="checkbox"/> Alumni Association Member | | |

- Continuing StudentMust have current Continuing Student Pass.
 Special ProgramRestrictions apply. Must have current Special Program Pass.

Comments: _____

	<u>6 Sessions</u>	<u>12 Sessions</u>	<u>18 Sessions</u>	<u>Fitness Assessment</u>	<u>Weight Room Orientation</u>	<u>Jump Start</u>
Student	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$168	<input type="checkbox"/> \$234	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30	<input type="checkbox"/> \$45
Faculty/Staff	<input type="checkbox"/> \$120	<input type="checkbox"/> \$228	<input type="checkbox"/> \$324	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60

Misc Charges: _____

TOTAL DUE: _____ **RecTrac Receipt #:** _____ **Initials:** _____

Paid by: Cash Check # _____ Visa MC Payroll Deduct Dept. Charge