

OTHS FITNESS & WELLNESS

PERSONAL TRAINING POLICIES AND PROCEDURES

- All personal training sessions will be provided by certified personal trainers holding current and accredited certifications. Personal Trainers will follow current exercise and physical activity guidelines as established by the American Heart Association (AHA) and the American College of Sports Medicine (ACSM).
- All Clients must be 18 years of age or older.**
- Clients must contact Director of Fitness and Wellness, from 9am-5pm to schedule a fitness assessment or personal training session.
- There is no guarantee that a specific Personal Trainer will always be available with each session or package purchased as employment status may change.
- The Personal Trainer and the Fitness and Wellness program reserve the right to request medical clearance from a licensed medical professional if necessary.
- Clients must immediately communicate any concerns (discomfort or pain) arising from their Personal Training sessions with the Personal Trainer.
- Personal Trainers will contact the Client to schedule the fitness assessment appointment.
- The Client will meet his or her Personal Trainer at the mutually agreed upon place inside the Fitness Center.
- The Client will schedule all sessions prior to the initial Personal Training session. These sessions may be rescheduled based on Client-Personal Trainer agreement.
- During the initial consultation the Client will have the opportunity to ask questions.
- Partner Training is limited to two individuals. Both Clients must be present during buddy training sessions. If only one individual is present, a session will still be subtracted from the total number of sessions purchased. Proration will not be permitted.
- Should the Personal Trainer arrive late, the Personal Trainers must make up the time lost with the Client at no additional charge. If the Personal Trainer must cancel a session, he or she will notify the Client **ONE** day in advance.

- Late Clients will forfeit any session time lost based on his or her tardiness. Personal Trainers will wait no longer than **10 minutes** for Clients. After 10 minutes, the session will be forfeited. Clients must provide cancellation notification at least **ONE** day in advance, or forfeit the session. No refunds will be provided.
- Sessions purchased must be used within a **SIX MONTH PERIOD**, after which they will be voided. Unused sessions will not be refunded.

PERSONAL TRAINING CLIENT AGREEMENT

The guidelines provided below are designed to ensure the relationship between the Personal Trainer and Client are clearly appreciated and understood.

Personal Trainer Responsibilities:

- Perform an initial fitness assessment.
- Design a safe and effective personalized program that meets the Client's needs and goals.
- Provide guidance regarding proper exercise techniques.
- Evaluate, monitor, and modify the personalized program based on the Client's changing needs.
- Encourage, motivate, and support the Client in his or her identified goals.
- Personal Trainers must make up the time lost with the Client at no additional charge.
- If the Personal Trainer must cancel a session, he or she must notify the Client 24hrs in advance.
- All Personal Trainers employed by Old Town Hot Springs may not accept direct or personal payment for his or her services.
- All information will remain confidential unless written permission is given by the Client. The "need to know policy" will also be in effect.

Client Responsibilities:

- Payment must be made out to OTHS and should be received prior to the first Personal Training session. Clients must not compensate Personal Trainers directly for their services. No refunds will be issued.
- All purchased sessions must be scheduled prior to the first session and may be adjusted based on Client-Trainer agreement.
- Clients must adhere to all facility policies and procedures as agreed upon when signing the facility paperwork.
- Clients will lose any session time lost based on his or her tardiness. Personal Trainers will wait no longer than 10 minutes for Clients. After 10 minutes, the session will be forfeited.
- Clients must provide cancellation notification at least ONE day in advance, or forfeit the session. Clients must complete their personal health history paperwork prior to completing the first session with a personal trainer.
- Clients must immediately communicate any concerns (discomfort or pain) arising from their Personal Training sessions with the Personal Trainer.
Unused sessions will not be refunded.
- Sessions purchased must be used within a SIX month period, after which they will be voided.

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- Clients must abide by all OTHS rules and regulations. Failure to do so may result in the removal or denial of service to the Client without refund.
- By signing below, the Client acknowledges and agrees that he or she has no limiting health conditions that would preclude participation in an exercise program (ex: Diabetes, Heart Disease, other cardiovascular conditions) will immediately notify the Personal Trainer, if such health conditions arise.

I clearly understand the roles and responsibilities described above and have asked any questions which were answered satisfactorily. I acknowledge that I have freely and voluntarily signed this document:

Date: _____

Client Signature: _____

Trainer Signature: _____

HEALTH HISTORY QUESTIONNAIRE

Name: _____

Date: _____

The American College of Sports Medicine (ACSM) recommends that individuals who are at moderate or high risk of cardiovascular disease and wish to participate in vigorous exercise contact their physician prior to starting a program. This form will help assess your relative risk for cardiovascular disease and determine if medical clearance prior to exercise is recommended. **We strongly advise a physical examination prior to initiating or restarting an exercise program.**

A "yes" answer to any of the following questions, or abnormal findings during your assessment may necessitate further evaluation and medical clearance prior to completing your assessment and developing or implementing your exercise program. Please check the appropriate box to the left. **PRINT** all information. Thank you for your assistance and welcome to the GSW Fitness and Wellness Program!
Please Note: (?? = Don't Know).

Stage I – Known Diseases or Medical Conditions.

YES

- Diabetes Mellitus? **Non-Insulin Dependent** **Insulin Dependent** – # of years: _____
- Stroke or have been diagnosed as having transient ischemic attack (TIA)?
- History of heart problems?
- Do you take medication for asthma or COPD, but continue to have shortness of breath?
- Are you pregnant, lactating or anticipating becoming pregnant?
- Any other physical reason that might prevent you from exercising? Please circle if applicable. (e.g., cancer, osteoporosis, severe arthritis, mental illness, diseases of the thyroid, kidney or liver).

Stage II – Signs and Symptoms – Do You Have or Have You Had In The Past:

YES

- Chest pain or pain in surrounding areas, especially during exercise?
- Fainting or spells of severe dizziness during exercise?
- Unusual fatigue or shortness of breath at rest or with mild exertion?
- Episodes of shortness of breath that occur after exercising?
- Episodes of shortness of breath awakening you at night?
- Swelling around your ankles?
- Sensation of rapid, racing, or skipping heartbeat, either at rest or during exercise?
- Recurring calf pain during exercise, which is not due to soreness or stiffness?

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- Heart murmur diagnosed by a physician?

Stage III – Cardiac Risk Factors

YES

- Do you have a family history of heart disease in biological father or brothers before age 55?
 Do you have a family history of heart disease in biological mother or sisters before age 65?
 Do you currently smoke or have you quit within the last 6 months?
 Diagnosis of high blood pressure (e.g. systolic >140 or diastolic >90) **OR** on medication for it?
 Do you accumulate 30 minutes of moderate physical activity (e.g., walking) at least 5 days a week?
 Do you have Total Cholesterol greater than 200 mg/dl?
 a. **or** HDL < 40 mg/dl?
 b. **or** are you on medication for high cholesterol?
 c. Is your HDL > 60mg/dl? (Note this is a **NEGATIVE** risk factor)
 Enter your age: _____ Please circle: Male Female

Stage IV – Current Exercise Patterns & Intentions

What are your current activity patterns?

- a. Frequency: _____ exercise sessions per week
b. Intensity: Sedentary Moderate Vigorous
c. History: < 3 months 3-12 months > 12 months
d. Duration: _____ minutes per session
e. Types of Activity: _____

At what intensity do you intend to exercise?

- Moderate intensity – e.g., brisk walking
 Vigorous intensity – e.g., jogging/running

Stage V – Additional Medical Information – Do You Have Now or Have You Had In The Past:

YES

- Seizures, neurological disorder or take seizure medication?
 Sickle cell disease or trait?
 Recent surgery (past 6 months)?
 History of a back or cervical spine injury?
 Muscle or joint problem still affecting you (e.g., knees, shoulders, hips, feet)?
 Any permanent handicap or disability?
 Hernia or other condition that may be aggravated by lifting weights?
 Physician's advice **NOT** to exercise?

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- Do you wear or **SHOULD** you wear a medical alert tag for a medical condition?
- Any other condition that you feel may be significant to your ability to perform vigorous exercise?

List any prescription medications, supplements or herbs taken at the present time:

If "YES" to ANY questions on this form, please provide a brief explanation:

I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I understand that it is my responsibility to notify the Personal Trainer or Director of Fitness and Wellness in writing of any new medical condition(s) that develop new medications that I have been prescribed or any supplements (including herbs) that I may take in the future. Further, I am solely responsible for requesting and completing a health history form annually.

Signature: _____ **Date:** ____/____/____

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PERSONAL TRAINING CLIENT INFORMATION GOALS AND EXPECTATIONS

Goals should be S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, and Time bound)

Rank (circle) your goals regarding fitness and wellness:

Extremely 1	Important 2	Somewhat 3	Important 4	Not Important 5
<input type="checkbox"/> Improve cardiovascular fitness		<input type="checkbox"/> Increase muscular strength		
<input type="checkbox"/> Increase muscular endurance		<input type="checkbox"/> Lose weight		
<input type="checkbox"/> Improve flexibility		<input type="checkbox"/> Increase energy level		
<input type="checkbox"/> Decrease stress		<input type="checkbox"/> Increase self-confidence		
<input type="checkbox"/> Improve performance in a specific sport/event (please describe):				

Please identify your:

Short-term goals (first 4 weeks):

Long-term goals (first 6 months-1 year):

Life-long goals:

Please consider your goals carefully.

Your Personal Trainer can help you set S.M.A.R.T. goals if you are unsure.

