

Client Name: _____ Date: _____

Program Information and Policies

Welcome to the UCSB Personal Training Program!

We are delighted that you chose us as a part of your commitment to health and fitness. Our nationally accredited health, fitness, wellness, and performance professionals are ready to provide you with the necessary information and motivation to help you reach and maintain your personal fitness goals. The following information will provide you with important program policies and information.

Payment

Payment for sessions must be made in advance of meeting with your trainer. At the time of payment, you will receive a receipt that must be presented to your trainer. Please visit our cashiers office or call by phone to purchase session. Cashiers office: 805-893-3738.

Expiration Date

All UCSB Gaucho Pulse Health and Fitness sessions have an expiration date of 6-months from the date of purchase. After the expiration date, any remaining sessions will be invalid. Sessions can be “frozen” for medical purposes only and require medical documentation. “Frozen” sessions will be held for one year after which time any remaining sessions will become invalid.

Cancellations

In order to cancel or reschedule an appointment, you must contact your trainer at least 24 hours in advance of the scheduled appointment or you will be charged for that session. (NOTE: any exception to this policy will be made purely at the discretion of the trainer.) Similarly, if a trainer does not contact you at least 24 hours in advance to cancel or reschedule an appointment, you will receive a complimentary session.

Tardiness

All clients and trainers are required to be prompt. If a client arrives late, this time will be deducted from the session; alternatively, if a trainer arrives late, the amount of time will be added for an extended session. Please be advised that trainers are required to wait 15 minutes for a scheduled client, after which time the session is subject to cancellation and clients will be charged for a full session.

Refunds and Credits

UCSB Gaucho Pulse Health and Fitness Assessments does not offer refunds or credits, so please be sure that our services will match your needs before committing through payment. If you find that your needs change once you have begun this program, please let us know; we are eager to find a way to accommodate you within our Gaucho Pulse Programs.

Please fill out and return the following forms to your Personal Trainer on or before your first assessment.

- Liability Waiver, Activity & Facility Waiver, Olympic Weightlifting Waiver (3 pages)
- Informed Consent Waiver (1 page)
- Client Information Packet/Fitness Assessment (4 pages)
- Physical Readiness Questionnaire & Clarifications (2 Pages)



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Recreation

Personal Training

Department

Class/Activity

Waiver: In consideration of being permitted to participate in any way in Personal Training hereinafter called "The Activity", I, for myself, my heirs, personal representative 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.

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 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.

Severability: 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

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Facilities Use Waiver - Recreation

Recreation

Personal Training

Department

Class/Activity

Waiver: In consideration of permission to use, today and all future dates, the property, facilities, staff, equipment and services of the **Recreation Center, I**, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and convenient not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability from any and all claims, including negligence of the **Recreation Center** resulting in personal injury, accidents, or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The **Recreation Center** has facilities for and provides activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity which places stress on the cardiovascular system.

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 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 activities made possible by the **Recreation Center**. 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 at the **Recreation Center** and to reimburse them for any such expenses incurred.

Severability: 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

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Recreation

Department

Olympic Weightlifting

Class/Activity

Waiver: In consideration of being permitted to participate in any way in Olympic Weightlifting hereinafter called "The Activity", I, for myself, my heirs, personal representative 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.

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 musculoskeletal injuries, heart attacks, and concussions 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.

Severability: 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

Print Name of Participant

Date

Age (if Minor)

Informed Consent Waiver

I, _____, do hereby consent to participate in Gaucho Pulse Health and Fitness assessments that will include but is not limited to assessment of body composition, cardiorespiratory fitness, flexibility, muscular strength and muscular endurance. I have been informed and understand that physical activity has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made to minimize these risks.

Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician or the program's Supervisor (for record keeping purposes) without my expressed written consent.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the personal training program. I will discuss these questions with my trainer or the program supervisor immediately.

In addition, I agree to the following:

(a) Assume all risk of personal injury and all risk of damage to or loss of property arising out of my participation in this program;

(b) Release, discharge, and waive any and all responsibility of the University of California from and against any liability of injury, including death, and for damage to or loss of property which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program; and

(c) Indemnify and hold harmless University, its officers, agents and employees from and against all liability, claims, demands, actions, loss, and damage arising out of my participation in said personal training program.

Consenting Signature:

Participant: _____

Date: _____

Witness: _____

Date: _____

Client Information

Name Sex Age Date of Birth (mm/dd/yyyy)

Address City State Zip

Phone Email Address

Cardiovascular Risk

Please check any that apply and age of onset:

	You	Mother	Father	Grandparent
High Blood Pressure	[] _____ Age	[] _____ Age	[] _____ Age	[] _____ Age
High Cholesterol	[] _____ Age	[] _____ Age	[] _____ Age	[] _____ Age
Diabetes	[] _____ Age	[] _____ Age	[] _____ Age	[] _____ Age
Heart Disease	[] _____ Age	[] _____ Age	[] _____ Age	[] _____ Age
Bypass Surgery	[] _____ Age	[] _____ Age	[] _____ Age	[] _____ Age
Stroke	[] _____ Age	[] _____ Age	[] _____ Age	[] _____ Age

Do you presently smoke cigarettes? Yes No If yes, how many per day? _____

Have you ever quit smoking? Yes No If yes, how long ago did you quit? _____

Height _____ Current Weight _____ What was your weight at age 21? _____

Personal History

Date of last physical examination _____ Stress Test _____ Resting EKG _____

Date of last blood cholesterol test _____ Total Serum Cholesterol _____ HDL _____

Date of last blood pressure test _____ Blood Pressure _____

Has your doctor ever restricted your physical activity? Yes No If yes, please explain

Do you have any allergies? Yes No If yes, please explain

Do you ever experience chest pain or tightness? Yes No

Do you ever experience unusual shortness of breath during mild physical activity? Yes No

Do you ever experience dizziness during vigorous physical activity? Yes No

Have you ever passed out during vigorous physical activity? Yes No

Do you have any (other) medical conditions that limit your ability to exercise? Yes No If yes, please explain

Medications

Medication/Supplement
Name:

Purpose:

Dosage:

Comments:

Injuries

Please check any of the following injuries you have had and specify which bone, muscle, joint, ect., and the year the injury occurred:

Broken Bones:

 Joint Injury or Chronic Pain:

Muscle Strain/Sprain:

 Back Injury or Chronic Pain:

Ligament, Tendon or Cartilage Injury:

 Nerve Entrapment (e.g. carpal tunnel syndrome):

Other:

Are you currently being treated for any of the above injuries? Yes No If yes, please specify treatment:

Lifestyle

If you are employed, do you consider your job to be: Sedentary Active

Are you:

Generally Sedentary Weekend exerciser Physically active 1x or 2x a week Physically active +3x week

Do you have a regular exercise program? Yes No If yes, please describe: _____

Do you currently take any nutritional supplements or follow any special diet (vegetarian, low-calorie, etc.)? Yes No
If yes, please specify: _____

Mark the meals you consume in an average day (including snacks):

Breakfast Snack Lunch Snack Dinner Snack

Indicate how you are dealing with daily stress: Not Well 1 2 3 4 5 6 7 8 9 10 Well

Indicate your energy level: Very Low 1 2 3 4 5 6 7 8 9 10 Very High

How many hours of sleep do you normally get? _____

Training Interests and Goals

Please check any activities in which you are interested in participating

- Weight Training Small Group Exercise HIIT Training Bootcamps
 Running Indoor Cardiovascular Activities Swimming Triathlons
 Strength and Conditioning Walking Other: _____

How many sessions are you considering purchasing initially? _____

Do you belong to a health club? Yes No If yes, which one? _____

How many days per week do you want to commit to personal training sessions? _____

Do you have any exercise equipment at home? Yes No

If yes, what? _____

List any specific exercises that do not interest you, or might cause you pain or discomfort:

What goals do you have concerning your training and health? (i.e., weight loss, rehabilitation, general health, competition etc...)

Personal Training Assessment

Health and fitness assessments will measure many aspects of health and fitness. Assessments may include but are not limited to blood pressure, body composition, cardiovascular endurance, muscular strength, muscular endurance, balance, agility, flexibility, postural analysis, and functional movement screening. If you have any questions prior to your assessment, please contact Barb Beainy at (805) 455-1421.

Would you like to schedule follow up Health and Fitness Training sessions at this time? Additional fees apply; please consult with your trainer for full list of packages and rates. Yes No

Assessment Preparation Guidelines:

1. Wear appropriate athletic attire (clothes that enable free movement, supportive athletic shoes, etc.)
2. Avoid eating or drinking anything 3 hours before your assessment.
3. Avoid exercising on the day of your assessment.
4. Avoid caffeine, alcohol, and other substances with diuretic effects in the 24-hour period before your assessment.
5. Drink adequate fluids (at least 8-10 cups) in the 24-hour period before the assessment.
6. Please inform your trainer if you are extremely stressed or tired.
7. Wet hair and perspiration may skew results. Please arrive prepared for the most accurate results.

How did you hear about UCSB Health & Fitness Assessments? _____

What are your schedule preferences and/or limitations for working with a trainer? _____

Trainer Preference: Male Female No Preference

Trainer: _____

Emergency Contact: _____ Phone: _____

I have read, understood and completed this questionnaire. I have read and will comply with program information and policies. Any questions I had were answered to my full satisfaction.

Name: _____ Date: _____

Signature: _____ Witness: _____

Signature of Parent/Guardian (If client is under 18): _____ Date: _____

For Administrative Use Only

Height: ____' ____"	Weight: _____ lbs	Resting HR: _____ bpm	BP : ____ / ____	Waist/Hip Ratio: W: ____ H: ____ ____%	Body Comp: ____%
Step test; HP: _____	1 Mile time: ____	Push ups: ____	Plank: ____sec	Flexibility: L: ____ R: ____	S&R: ____in
Grip: L: ____ R: ____	Submax VO ₂ : ____ml/kg/min				

Assigned Trainer: _____

Completed/Signed all forms? Yes No

Left Message (date): _____

Processed by: _____

Given Med. Auth Form? Yes No

Trainer confirmed (date): _____

Confirmed by: _____

Med. Auth Form Returned? Yes No

Physical Activity Readiness Questionnaire

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 their doctor before they start becoming much more physically active. 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.

Readiness Questionnaire	Yes	No
Are you a man over the age of 45 or a woman over the age of 55 with a family history of heart disease?		
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

Questionnaire Results

If you answered YES to one or more questions you will need to complete the Medical Authorization Form BEFORE you meet with a trainer or become more physically active.

Tell your doctor about the Readiness Questionnaire and to which questions you answered YES.

NOTE: You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO (honestly) to all Readiness Questionnaire questions you can be reasonably sure that you can become more physically active and take part in a fitness appraisal/training.

Other Considerations:

- If you are or may be pregnant – talk with your doctor before you start becoming more active.
- If your health changes so that you then answer YES to any of the above questions, inform your Personal Trainer **AND** Health Care Professional immediately and discuss whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: _____

Date: _____

Signature: _____ Witness: _____

Signature of Parent/Guardian: _____

Readiness Questionnaire Clarifications

For most people, physical activity should not pose any problem or hazard. The questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate and those who should have medical advice concerning the type of activity most suitable.

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Significance/clarification: Persons with known heart disease are at increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program in order to ensure that exercise prescription follow standard guidelines for cardiac patients. Note: Medical supervision may be required during exercise training.

2. Do you feel pain in your chest when you do physical activity?

Significance/clarification: See question 3.

3. In the past month, have you had chest pain when you were not doing physical activity?

Significance/clarification: A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exertion. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients.

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Significance/clarification: A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life- threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Significance/clarification: Inappropriate exercise training may exacerbate existing musculoskeletal disorders. Persons with forms of arthritis known to be associated with a systemic component (for example, rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Significance/clarification: See question 1. Medication effects should be considered when formulating the exercise prescription. The exercise prescription should be formulated in accordance with guidelines or the specific cardiovascular disease for which medications are being used. A physician should be consulted to determine whether the condition of factor requires special precautions during exercise training or contraindicates exercise training.

7. Do you know of any other reasons why you should not do physical activity?

Significance/clarification: The exercise prescription may have to be modified in accordance with the specific reason provided.

Gacho Pulse Health & Fitness Assessment Medical Release

Dear Doctor:

Your Patient _____ wishes to undergo a series of Health and Fitness Assessment through the UCSB Recreation Department. Health and Fitness Assessments provided by the trainer will begin with simple, basic assessments and may become progressively more intense depending on the client's goal and fitness level. If you know of any medical or other reasons why participation in the program by the client would be unwise please indicate so on this form.

Report of Physician

I know of no reason why the applicant may not participate:

I believe the client can participate, but I urge caution for the following reasons:

My patient is taking medications that will affect heart rate response to exercise. The effects of which are indicated below:

Type of medication: _____

Effects of medication: _____

Exercise restrictions: _____

The client should not engage in the following activities:

I recommend that the client: _____ YES participate _____ NOT participate.

Physician's Name (Print): _____ Phone _____

Physician's Signature: _____ Date: _____