



## **Personal Training Offered by IWU Students**

- All skill levels welcome
- Training services available to IWU faculty, staff, spouses, and students.  
(availability of services dependant on availability of trainers)

### **What Can a Personal Trainer Do for You?**

- Design a personalized exercise program to meet the client's goals.
- Assist the client in minimizing injury during each workout session.
- Provide the client with motivation and accountability.
- Provide resistance training instruction.
- Provide cardiovascular instruction.
- Provided workouts that are time efficient.
- Provide workouts that assist the client in achieving results.

### **Initial Assessment**

The first appointment assesses your current fitness state, personal goals, and the motivation level needed to be successful. May include body composition, flexibility, and muscular strength and endurance testing

*Approximately 20 minutes.*

Price: FREE (with the purchase of sessions)

\$10 without sessions

### **Personal Training Session**

#### Pricing:

Package 150

You and a Partner meet with trainer 2 days a week for 4 weeks (\$150)

Package 100

You meet with the trainer 2 days a week for 4 weeks (\$100)

Package 20

A workout session (approx 1.5 hours) to design a workout plan to meet your needs, with a follow up visit one week later just to check on progress and answer any questions. (\$20)

**To schedule an appointment or check for availability call**

**IWU Campus Recreation**

**677-2448**

# PERSONAL TRAINING AGREEMENT

Thank you for your interest in the Indiana Wesleyan University Campus Recreation Personal Training Program. You are about to begin a one on one customized exercise regimen that will be designed to meet your needs, goals, desires, and interests.

Please complete this agreement sheet along with the exercise history and goals questionnaire. The questionnaire will help your personal trainer to develop a program specifically tailored for you; therefore, it is important to answer all questions honestly. All information will be kept in confidentiality. The following pages must also be completed and signed before your program begins.

MEMBER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK OR CELL PHONE \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ SPOUSE \_\_\_\_\_

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(office only)

TOTAL PAID \_\_\_\_\_ WHEN \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_

REGISTERED IN EMPLOYEE WELLNESS PROGRAM \_\_\_\_\_

## I ACKNOWLEDGE THE FOLLOWING:

- \* Pre-paid sessions are considered rendered services and will not be refundable unless there are extreme circumstances. The trainers will try to offer a make up day if possible but may not always be able to do so.
- \* Any cancellations must be made at least 24 hours before the scheduled time, unless an emergency occurs.
- \* Sessions are transferable to other eligible persons, but proper paperwork must be filled out with The Director of Campus Recreation.
- \* Sessions expire after 6 months whether used or not.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



**Personal Trainer Program**

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY ("Release")

READ CAREFULLY BEFORE SIGNING. DO NOT SIGN UNLESS YOU ARE WILLING TO RELEASE INDIANA WESLEYAN UNIVERSITY (IWU) FROM LIABILITY.

I, the participant, understand that the activities that take place in the IWU Recreation and Wellness Center are hazardous activities. I also understand that the activities involved in the Personal Trainer Program offered by IWU are hazardous activities. These activities include but are not limited to running, walking, jogging, lifting weights, using exercise equipment, and other strenuous activities hereafter referred to as "Activities". The hazards inherent to these Activities include but are not limited to head and spinal injuries, slips and falls, cuts, concussions, strained muscles, mental and emotional trauma, and other hazards.

I further understand that these Activities involve a risk of serious injury and even death and caution is required, and I assume all risks inherent in said Activities. I am voluntarily participating in these Activities and using equipment and machinery with full knowledge and understanding of the risks involved. I hereby assume and accept any and all risks of injury or damage while participating in said Activities. I represent to IWU that I have the skills and ability to safely participate in said Activities and that any equipment that I furnish is in good condition, order and repair and is fit for and will be used for its intended purpose. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, or other illness that would prevent or inhibit my participation in said Activities.

In consideration of my being permitted by IWU to participate in said Activities I, my heirs, successors, and personal representatives hereby release, discharge, indemnify, and hold harmless IWU, its Board of Trustees, its officers, trustees, agents, and employees from any and all claims, actions, suits, costs, expenses, injuries or damages arising out of said Activities. I certify that I have adequate insurance to cover injury or damage I may cause or suffer while participating in said Activities, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I hereby grant permission and authorize the provision of emergency medical treatment for myself while becoming ill or injured in said Activities.

I confirm that I have resolved concerns, if any, about my health or ability to participate in or observe the Activities with my physician before deciding to participate.

I have carefully read this Release. I fully understand its contents. I am aware that this is a release of negligent liability. I sign it of my own free will.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature of Participant: \_\_\_\_\_ Contact Information \_\_\_\_\_  
(Must be over 18 years of age)

# IWU CAMPUS RECREATION PERSONAL TRAINING POLICIES

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Personal Training is a service that is being offered by IWU students to IWU faculty, staff, and students, along with employee spouses that are part of the employee wellness program.

## **PROGRAM GOALS:**

- Meet client's goals through a personalized exercise program.
  - Assist the client in minimizing injury during each workout session.
  - Ensure variety and employment during each session.
  - Provide the client with motivation and accountability.
  - Provide resistance training instruction.
  - Provide cardiovascular instruction.
  - Provide workouts that are time efficient.
  - Provide workouts that assist the client in achieving results.
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## **TRAINER CREDENTIALS AND/OR CERTIFICATIONS:**

All trainers are Certified Personal Trainers, which indicates they have passed a national certification exam through an accredited organization such as American College of Sports Medicine (ACSM), America Council on Proficiency in Exercise (ACE), National Academy of Sports Medicine (NASM), or National Strength and Conditioning Association (NSCA). All trainers are required to be CPR and First Aid certified. Trainers must maintain CPR and First Aid certification throughout their employment with Campus Recreation.

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## **REGISTRATION AND PAYMENT:**

Those interested in registering for personal training should call the Director of Campus Recreation at 677-2448 to schedule an appointment. Clients will then be emailed or mailed a copy of the Personal Training Agreement and the Exercise History and Goals form. Payment and paperwork is due prior to the initial assessment session with the trainer. Checks should be made payable to Indiana Wesleyan University. Credit Cards are not accepted.

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## **RATES:**

### Initial Assessment

The first appointment assesses your current fitness state, personal goals, and the motivation level needed to be successful. May include body composition, flexibility, and muscular strength and

endurance testing.

*Approximately 20 minutes.*

Price: FREE (with the purchase of sessions)

\$10 without sessions

Package 150 (\$150)

You and a Partner meet with trainer 2 days a week for 4 weeks

Package 100 (\$100)

You meet with the trainer 2 days a week for 4 weeks

Package 20 (\$20)

A one hour workout session to design a workout plan to meet your needs, with a follow up visit one week later.

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## **ASSIGNMENT OF CLIENTS:**

Clients are assigned to trainers by the Director of Campus Recreation based upon trainer/client availability, client need, etc. while adhering to the preferences of the trainers for clients as well as the preferences of clients for trainers when possible.

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## **CANCELLATION POLICY:**

To reschedule, the Personal Trainer or Director of Campus Recreation must be notified 24 hours in advance of scheduled sessions, unless an emergency occurs. There should be verbal confirmation of cancellation from the trainer or director. If a client does not appear for a scheduled appointment or fails to give 24 hours notice, they will be charged for the full session.

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## **REFUND POLICY:**

Personal Training sessions are pre-paid and considered rendered services and will not be refundable unless there are extreme circumstances. The trainers will try to offer a make-up session if possible, but may not always be able to do so. If a client cannot finish the sessions due to health issues, they are eligible for a refund for unused sessions. This refund is based upon the approval from the Director of Campus Recreation. Sessions are transferable to another eligible person. All paperwork must be completed by the new client.

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## **EXPIRATION POLICY:**

All purchased sessions expire 6 months after the date of purchase.



1 month \_\_\_\_\_  
6 months \_\_\_\_\_  
1 year \_\_\_\_\_

6. How much time are you willing to devote to an exercise program?

Minutes per day \_\_\_\_\_

Days per week \_\_\_\_\_

7. What types of exercise equipment have you used or would like to use?

	Have Used	Would like to Use
Dumbbells	<input type="checkbox"/>	<input type="checkbox"/>
Free Weights (plates)	<input type="checkbox"/>	<input type="checkbox"/>
Weight Machines	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Machines	<input type="checkbox"/>	<input type="checkbox"/>
Body Weight Exercises	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____		

8. Which of the following exercise benefits are most important to you?

Rate the following goals in order of importance with 1 being most important and 11 being least important.

___ Improve cardiovascular fitness	___ Increase strength
___ Body fat-weight loss	___ Increase energy
___ Reshape or tone my body	___ Feel better
___ Improve performance for a specific sport	___ Enjoyment
___ Improve mood, decrease stress	___ Improve flexibility
___ Other _____	

9. How many meals and/or snacks do you have per day? \_\_\_\_\_

10. Do you feel you eat healthy most of the time?

Yes

No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

11. How many glasses of water do you drink per day?

0-2

3-5

6-8

9-12

more than 12

12. Please list any other considerations or information your trainer should be aware of before getting started? (i.e. supplements, injuries, exercise or activities you can't/won't perform, effective motivation techniques for you, etc.)