

# Welcome To Your Personalized Training Program!

A personal trainer provides TAMIU students, staff, faculty, alumni, and dependants with the motivation, education, guidance, and individual instruction required to achieve their personal fitness goals. **Trainers will design a tailored exercise program for each individual that reflects the client's objectives, fitness level, and experience.**

## Client/Personal Trainer Agreement

This agreement ensures that the role of the trainer to client and client to trainer is clearly appreciated and understood. **This agreement must be signed prior to beginning the training sessions.**

To keep this program running smoothly, we would like to outline the following **client responsibilities**:

1. The training fee must be paid when filling out the Personal Trainer Intake form. This entitles the client to a one hour (60 minute) training session, which will include exercise counseling and prescription.
2. Complete all forms in the packet provided and turn them into the Front Desk with a Student Manager or the Coordinator of Fitness and Wellness in Room 222. Failure to do so may result in delayed initial consultation. **These completed forms will be used in establishing your baseline and are entirely confidential- as are all of your sessions.**
3. Be on time for meetings with your Personal Trainer. Typically each session is 60 minutes; however a more flexible length can be established. The time of sessions is to be agreed upon between the trainer and the client.
4. If the client is late, the session will only last until the end of the hour that the session was scheduled.
5. Any tardiness of more than ten minutes or absence without proper notification will result in the loss of the session.
6. If a session needs to be cancelled for any reason other than an emergency, a 24-hour notice must be given to the trainer. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
7. No roll-over sessions or refunds will be granted, except for medical reasons, which must be endorsed by your physician.
8. It is recommended that you bring a water bottle (NO GLASS BOTTLES) to every session. It is required that you bring a towel, which can be picked up at the front desk upon entrance.
9. If you have any questions feel free to contact the Coordinator of Fitness and Wellness at 326-3017.

## TRAINER RESPONSIBILITIES:

1. A personal trainer provides TAMIU students, staff, faculty, alumni, and dependants with the motivation, education, guidance, and individual instruction required to achieve their personal fitness goals.
2. The trainer will design a safe, effective exercise program on an individual basis that reflects the client's objectives, fitness level, and experience.
3. If the trainer is late for a session, that time is owed to the client at no additional charge.
4. Once you have purchased a personal training package, your trainer will contact you within the next 3 days either by phone or email.
5. The trainer will maintain an open line of communication throughout the course of service.
6. If there is a problem with a trainer's customer service, the client should contact the Student Manager on duty or the Coordinator of Fitness and Wellness at 326-3017 or [dschuster@tamiu.edu](mailto:dschuster@tamiu.edu).

An additional service we analyze your nutrition habits through the Nutrition Questionnaire and Three Day Food Record. At your convenience you may bring your Nutrition Questionnaire and Three Day Food Record to your trainer for analysis. Try to be as specific as possible on these forms; for example, log the brand names, quantities, preparation (fried, microwave, grilled, etc), and added condiments (butter, salt, etc). If you have any questions about the forms, please ask your personal trainer. Please note that Personal trainers are not dieticians and only general nutritional information will be given.

**Informed Consent & Assumption of Risk  
(Must be signed prior to beginning personal training sessions)**

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in the Recreational Sport's Personal Training Program may cause injury, am voluntarily choosing to participate in the program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the program offered through Texas A&M International University Recreational Sports Office.

The Personal Training Program is a program designed to guide me, safely and effectively, through an appropriate individualized fitness/exercise regime based on my initial fitness assessment and goal assessment. Following the completion of a health history form and possibly a doctor's note and an initial consultation, I will be given an individual exercise program that focuses on increasing fitness to prepare me for normal activities of daily living. I realize that I have the option to discontinue any activity upon my own discretion. I also realize that all information obtained about myself through this program will be kept in strict confidence within the Personal Training Program.

In making this activity available for your participation, Texas A&M International University Recreational Sports Office assumes no responsibility for injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

**WAIVER AND INDEMNITY**

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue Texas A&M International University and their respective board members, trustees, faculty, instructors, officers, agents, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives, (collectively, the "Releasees") from any and all claims including, not by way of limitation, any claims arising from negligence of Releasees or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Activity, the use of facilities in connection with the Activity, and/or travel before, during or after the Activity.

I agree to indemnify and hold harmless Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, and to reimburse Releasees for any such expense incurred in connection with or as a result of (1)(a) Participant's participation in the Activity or (b) travel associated with the Activity or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation, Participation or anyone claiming on Participant's behalf, to avoid the terms of this document which I freely sign.

**I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights – including my right to sue. I know, understand and appreciate these and other risks that are inherent in the Activity. I expressly agree and assert that participation in the Activity is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this document freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.**

"Having such knowledge, I do hereby release Texas A&M International University, the State of Texas, the Board of Regents, employees and student employees of all liability related to injuries or accidents to myself which may occur as a result of participation in the Personal Training Program. I hereby assume all risks connected therewith and consent to participate in the Personal Training Program."

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please detach the welcome information, client/trainer responsibilities, and Informed Consent/Assumption of Risk portion and Welcome Letter of your application and retain them for your records (Pages 1, 2, 18 and 19). Return the remaining pages and information to the Student Manager on duty at the Front Desk or upstairs in the offices for payment and registration. A trainer will be in contact with you shortly. Thanks for choosing the Personal Training program at Texas A&M International University.**

# Personal Training Nutrition Questionnaire (Optional)

Payment: \$ \_\_\_\_\_  
For \_\_\_\_\_ sessions  
Receipt# \_\_\_\_\_  
Date received: \_\_\_\_\_  
Employee: \_\_\_\_\_

*The assessment of nutrition involves looking at four key dietary factors:*

- 1). Prudent diet habits referring to general nutrition balance,
- 2) Calorie controlling habits pertaining to weight loss and gain,
- 3) Dietary fat referring to habits that affect cholesterol in the diet,
- 4) sodium or salt control which affects blood pressure.

**All four of these dietary factors have an influence as to whether or not your diet contributes to an unusual risk of heart disease.**

*Complete the questionnaire below to get an idea of where you stand:*

- **Answer each question according to your usual eating habits.**
- Place the number corresponding to your answer in the space provided to the left of each question.
- Total these numbers at the end of each category.

## **PRUDENT DIET**

\_\_\_\_\_ **How much low fat or skim milk, yogurt, and low fat cheese do you consume in a typical day?**

1. 16 ounces low fat milk or yogurt, or 2 ounces of low fat cheese per week.
2. 8 ounces of low fat milk or yogurt or 1 ounce of low fat cheese per day.
3. Only use milk on cereal, seldom eat low fat cheese or yogurt.
4. Do not consume low fat milk, yogurt or cheese at all.

\_\_\_\_\_ **How often do you choose to eat potato chips, corn chips, taco chips, olives, nut or similar foods as snacks or with a meal?**

- |                    |                             |
|--------------------|-----------------------------|
| 1. Never or rarely | 3. 3-4 times per week       |
| 2. Occasionally    | 4. 5 or more times per week |

\_\_\_\_\_ **How many servings of fruit do you eat per day?**

- |              |         |
|--------------|---------|
| 1. 4 or more | 3. 1-2  |
| 2. 2-3       | 4. None |

\_\_\_\_\_ **How many servings of whole grain breads and cereals, rice, and pasta do you eat each day?**

- |              |                 |
|--------------|-----------------|
| 1. 6 or more | 3. 3-4 servings |
| 2. 5         | 4. Less than 3  |

\_\_\_\_\_ **Which describes your consumption of vegetables?**

1. Smack on raw vegetables and eat vegetables/salads with most meals
2. Eat salads and vegetables when served with a meal
3. Only eat vegetables when served with a meal
4. Rarely eat vegetables

\_\_\_\_\_ **How many 8 ounces glasses of water do you drink in a day? (You may count other beverages of water, provided they do not contain caffeine or alcohol).**

- |                      |                      |
|----------------------|----------------------|
| 1. 8 or more glasses | 3. 2-4 glasses       |
| 2. 5-7 glasses       | 4. One glass or none |

**TOTAL - PRUDENT DIET**

## **CALORIE CONTROL**

\_\_\_\_\_ **What most closely describes the amount you eat at a time?**

1. Stop eating when full, even if there is still food on the plate.
2. Select a small amount and clean the plate
3. Eat what is served and clean the plate
4. Take second helpings, especially when it tastes good.

\_\_\_\_\_ **If you wanted to decrease the calories intake, which would you do?**

1. Cut down on meat, sauces, gravy, desserts, salad dressings
2. Limit portion sizes
3. Leave off bread and potatoes
4. Follow a crash diet for a few days

\_\_\_\_\_ **How many alcoholic beverages do you consume?**

- |                        |                                 |
|------------------------|---------------------------------|
| 1. 0-2 drinks per week | 3. 6-12 drinks per week         |
| 2. 3-5 drinks per week | 4. More than 12 drinks per week |

\_\_\_\_\_ **Do you ever eat until you are so full that you are uncomfortable?**

1. Rarely or never
2. Periodically, 1-2 times a month
3. Regularly, once a week
4. Often, every couple of days

\_\_\_\_\_ **How many sweets (candy, pastry, cookies, desserts, ice cream, sugar-based beverages) do you eat?**

1. Once a week or less
2. A few servings per week
3. 1-2 servings per day

\_\_\_\_\_ **Which pattern of eating typifies your style?**

1. Regular meals at frequent intervals
2. Occasionally skipping a meal/or binging
3. Eating regularly for a few days then binging when there is time to relax.
4. Skipping meals during the day and eating all evening

**TOTAL - CALORIE CONTROL**

### **FAT CONTROL**

\_\_\_\_\_ **How many eggs (including yolks) do you eat per week?**

- |              |                       |
|--------------|-----------------------|
| 1. 0-2 times | 3. 6-8 times per week |
| 2. 3-5       | 4. more than 8        |

\_\_\_\_\_ **How many times per week do you consume red meat (beef steak, Canadian bacon, lamb, ribs)?**

- |              |              |
|--------------|--------------|
| 1. 0-2 times | 3. 5-6 times |
| 2. 3-4 times | 4. 7 or more |

\_\_\_\_\_ **When you prepare or eat poultry (chicken, turkey, Cornish hen) which of the following plans so you must closely follow?**

1. Choose white meat, remove skin and prepare by baking or broiling
2. Choose dark meat, skin removed and bake or broil
3. Bake or broil, skin on and serve with gravy
4. Leave the skin on and fry

\_\_\_\_\_ **When selecting a salad or sandwich, which of the following “fillings” would you choose most often?**

1. Lentils, kidney beans, peas, pinto or garbanzo beans
2. Turkey, chicken, tuna, other lean meats, low fat cheese
3. Same as below, but without cheese
4. Ham, pastrami, hamburger, salami, frankfurter, bacon

\_\_\_\_\_ **When eating dairy products do you select?**

1. Only skim or low-fat products
2. Only look for low-fat products except when selecting ice cream
3. Are not aware of the difference
4. Only enjoy whole fat content dairy products

\_\_\_\_\_ **If you were having potatoes would you choose?**

1. Boiled or baked with no added fat
2. Boiled or baked with liquid margarine or yogurt
3. Boiled or baked with hard margarine/butter and sour cream
4. French fried, hash browns

**TOTAL- FAT CONTROL**

### **SODIUM CONTROL**

\_\_\_\_\_ **How frequently do you add salt to your food after it is served at the table?**

- |                       |                           |
|-----------------------|---------------------------|
| 1. Never              | 3. Once a day             |
| 2. 1-2 times per week | 4. With almost every meal |

\_\_\_\_\_ **How frequently do you add salt to your food: hot dogs, bologna, bacon, ham, sausage?**

- |                       |   |
|-----------------------|---|
| 1. Rarely or never    | 3. Canned without sauces                                |
| 2. 1-2 times per week | 4. Canned, frozen or dry with sauces and /or seasonings |

\_\_\_\_\_ **In what form do you most frequently purchase food for meal preparation?**

- |                                  |  |
|----------------------------------|--|
| 1. Fresh                         | 3. Canned without sauces                               |
| 2. Canned or frozen without salt | 4. Canned, frozen or dry with sauces and or Seasonings |

\_\_\_\_\_ **While preparing meals or when eating out, how frequently do you add any or all of the following items to your food? Mustard, pickles, relish, soy sauce, ketchup, meat tenderizer, MSG?**

- |                       |                       |
|-----------------------|-----------------------|
| 1. Rarely or never    | 3. 3-4 times per week |
| 2. 1-2 times per week | 4. Daily              |

\_\_\_\_\_ **How often do you use canned soups or dry soup/broth mixes?**

**Rarely or never**

- |                       |                       |
|-----------------------|-----------------------|
| 1. Rarely or never    | 3. 3-4 times per week |
| 2. 1-2 times per week | 4. Daily              |

**TOTAL - SODIUM (SALT) CONTROL**

## NUTRITION ASSESSMENT PROFILE

RATING:

**PRUDENT DIET**

\_\_\_\_\_ (SCORE)

**CALORIE CONTROL**

\_\_\_\_\_ (SCORE)

**FAT**

\_\_\_\_\_ (SCORE)

**SODIUM**

\_\_\_\_\_ (SCORE)

### Score Results for Each Section

Excellent	6-8
Good	9-12
Fair	13-16
Poor	17-20
Very Poor	21-24

DIET GUIDELINES:

**Your daily diet should be broken down as follows:**

58% Carbohydrate

30% Fat

12% Protein

Carbohydrate has 4 kcal/gram

10% simple - fruits, vegetables, sweets

48% complex - grains, pasta, potatoes

Fat has 9 kcal/gram

10% saturated - solid, from animal sources

20% unsaturated - liquid, from plant sources

Exceptions - palm & coconut oil & cocoa butter

Protein has 4 kcal/gram

## Nutrition Plan

Improve your score in each nutrition category by incorporating these strategies into your lifestyle. Select three strategies from each of the lists below and improve your nutrition rating to excellent. Check (X) those you would like to adopt. If you scored in the good or excellent category, only one or two strategies need to be checked.

### Prudent Diet Strategies

- Drink 6-8 glasses of water each day
- Drink less regular and diet soda, coffee and tea
- Consume at least 2 servings of low-fat dairy products each day
- Eat more dark green and deep yellow-orange fruits and vegetables (e.g. spinach, greens, broccoli, carrots, cantaloupe, peaches, or yams)
- Include a good source of vitamin C daily (e.g. oranges, grapefruit, tomatoes, or juices from these fruits)
- Select whole grain breads and cereals, including bran products
- Eat raw fruits and vegetables whenever possible

### Calorie Control Strategies

- Limit intake of sweets (e.g. candy, cookies, syrup, jelly, desserts, pastries, donuts, and sweet rolls)
- Cut down on alcohol consumption
- Refuse second helpings
- Take smaller portions
- Stop eating when you are full
- Cut down on toppings and condiments (sweet and high fat additions)
- Avoid high fat and "junk" foods (see section on STRATEGIES FOR REDUCING FAT)

### Strategies for Reducing Fat

- Limit intake of beef and pork to three servings per week
- Eat more fish, skinless poultry and non-meat protein sources
- Select low-fat dairy products (e.g. skim milk, low fat yogurt, sherbert, frozen yogurt, low fat cottage cheese)
- Reduce intake of eggs, especially yolks
- Avoid toppings and condiments (e.g. butter, margarine, cream, sour cream, non-dairy creamers, salad dressings, guacamole, gravy, sauces)
- Avoid fried foods
- Choose baked, broiled, boiled, steamed, poached, and marinated foods
- Remove visible fat from meat and skin from poultry
- Limit intake of butter and margarine

### Strategies for Reducing Sodium (Salt)

- Eliminate salt at the table and avoid salt in cooking
- Cut down on use of condiments (e.g. mustard, ketchup, pickles, relish, soy sauce, steak sauce, **MSG**, and meat tenderizers)
- Avoid "fast food" restaurants
- Rarely eat convenience foods (e.g. canned soups, dried soup mixes, TV dinners, boxed prepared foods)
- Substitute raw fruits and vegetables for processed snacks and spreads (e.g. chips, nuts, dips, cheese spreads, pretzels, and crackers.)





# Personal Training Health History & PAR-Q Intake Form

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

Local Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex:  Male  Female Height \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs.

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

*Person to Contact in Case of an Emergency:*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pre-participation Screening Questionnaire \*

**Assess your health status by marking all true statements**

### History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You will have to obtain written medical clearance from your physician and may need to use a facility with a **medically qualified staff.**

### Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.

### Other Health Issues:

- You have diabetes.

\*Modified from American College of Sports Medicine

Personal Training Intake Packet

- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

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**Cardiovascular risk factors**

- You are a man older than 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure is > 140/90 mm Hg.
- You do not know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is >200 mg/dL.
- You do not know your cholesterol level.
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days/week).
- You are >20 pound overweight.

If you marked two or more statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may have to obtain written medical clearance from your physician and you might benefit from using a facility with a **professionally qualified exercise** staff to guide your exercise program.

- 
- None of the above      You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.

***Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan. TAMIU's Department of Recreational Sports and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, please consult your doctor prior to physical activity.***

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

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_

(for participants under the age the majority)

**\*Modified from American College of Sports Medicine**

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the questions.

## Exercise History and Attitude Questionnaire

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

*General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask your trainer for assistance.*

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest). Circle the number that BEST applies.

a) Characterize your present athletic ability.  
1                      2                      3                      4                      5

b) When you exercise, how important is competition?  
1                      2                      3                      4                      5

c) Characterize your present cardiovascular capacity.  
1                      2                      3                      4                      5

d) Characterize your present muscular capacity.  
1                      2                      3                      4                      5

e) Characterize your present flexibility capacity.  
1                      2                      3                      4                      5

2. Were you a high school and/or college athlete?       YES                       NO

a. If yes, please specify: \_\_\_\_\_

3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?       YES                       NO

a. If yes, please explain: \_\_\_\_\_

4. Do you start exercise programs but then find yourself unable to stick with them?

YES                       NO

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

\_\_\_\_\_ minutes/day                      \_\_\_\_\_ days/week

6. What types of exercises interest you?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Walking           | <input type="checkbox"/> Jogging        | <input type="checkbox"/> Swimming          |
| b. <input type="checkbox"/> Cycling           | <input type="checkbox"/> Dance exercise | <input type="checkbox"/> Strength training |
| c. <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Rowing         | <input type="checkbox"/> Racquetball       |
| d. <input type="checkbox"/> Tennis            | <input type="checkbox"/> Group exercise | <input type="checkbox"/> Stretching        |

7. Are you currently involved in regular endurance (cardiovascular) exercise?

a.  YES       NO



Please mark an **X** in the time slots that you are **AVAILABLE** to train.

HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00am							
8:00am							
9:00am							
10:00am							
11:00am							
Noon							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							

## Client/Personal Trainer Agreement

This agreement ensures that the role of the trainer to client and client to trainer is clearly appreciated and understood.

**This agreement must be signed prior to beginning the training sessions.**

To keep this program running smoothly, we would like to outline the following **client responsibilities:**

1. The training fee must be paid when filling out the Personal Trainer Intake form. This entitles the client to one hour long (60 minute) training sessions, which will include exercise counseling and prescription.
2. Complete all forms in the packet provided and turn them into the Front Desk, Office Coordinator or the Coordinator of Fitness and Wellness upstairs in room 222. Failure to do so may result in delayed initial consultation. **These completed forms will be used in establishing your baseline and are entirely confidential- as are all of your sessions.**
3. Be on time for meetings with your Personal Trainer. Typically each session is 60 minutes; however, a more flexible length can be established. The time of sessions is to be agreed upon between the trainer and the client.
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6. If a session needs to be cancelled for any reason other than an emergency, a 24-hour notice must be given to the trainer. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
7. No roll-over sessions or refunds will be granted, except for medical reasons, which must be endorsed by your physician.
8. It is recommended that you bring a full-length towel and water bottle (NO GLASS BOTTLES) to every session. Towels are available at the Front Desk with Rec Sports ID.
9. If you have any questions feel free to contact the Student Manager on duty at the Front Desk or the Coordinator of Fitness and Wellness at 326-3017.

### TRAINER RESPONSIBILITIES:

1. A personal trainer provides TAMIU students, staff, faculty, alumni, and dependents with the motivation, education, guidance, and individual instruction required to achieve their personal fitness goals.
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5. The trainer will maintain an open line of communication throughout the course of service.
6. If there is a problem with a trainer's customer service, the client should contact the Student Manager on duty at the Front Desk or the Coordinator of Fitness and Wellness at 326-3017.

By signing this agreement you indicate that you understand YOUR roles and will do your part to ensure the best results for the goals set.

Client's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

**Informed Consent & Assumption of Risk**  
**(Must be signed prior to beginning personal training sessions)**

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in the Recreational Sport's Personal Training Program may cause injury, am voluntarily choosing to participate in the program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the program offered through Texas A&M International University Recreational Sports Office.

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In making this activity available for your participation, Texas A&M International University Recreational Sports Office assumes no responsibility for injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

**WAIVER AND INDEMNITY**

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue Texas A&M International University and their respective board members, trustees, faculty, instructors, officers, agents, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives, (collectively, the "Releasees") from any and all claims including, not by way of limitation, any claims arising from negligence of Releasees or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Activity, the use of facilities in connection with the Activity, and/or travel before, during or after the Activity.

I agree to indemnify and hold harmless Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, and to reimburse Releasees for any such expense incurred in connection with or as a result of (1)(a) Participant's participation in the Activity or (b) travel associated with the Activity or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation, Participation or anyone claiming on Participant's behalf, to avoid the terms of this document which I freely sign.

**I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights – including my right to sue. I know, understand and appreciate these and other risks that are inherent in the Activity. I expressly agree and assert that participation in the Activity is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this document freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.**

"Having such knowledge, I do hereby release Texas A&M International University, the State of Texas, the Board of Regents, employees and student employees of all liability related to injuries or accidents to myself which may occur as a result of participation in the Personal Training Program. I hereby assume all risks connected therewith and consent to participate in the Personal Training Program."

Client's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

Date \_\_\_\_\_

## *Welcome Letter*

DEAR NEW CLIENT,

(Please Detach This Page and Take It With You)

We are so glad you have decided to participate in TAMIU's new Personal Training Program. We hope that your experience with a Personal Trainer will be a positive one and that it will motivate you to pursue a healthy lifestyle in all the aspects of wellness. We encourage you to commit to this "healthy lifestyle change" that will likely change your life! 😊

Being healthy and taking care of our bodies is an important part of helping to prevent illness, disease, injuries and make us able to do everyday activities with more ease and enjoyment. It is also important to feel better each day as we allow our bodies to gain energy from being active!

### **DISCOUNTS**

If you decide to train with a friend we offer discounts for group training for 2 to 3 clients. Experience a motivational workout at a better deal with the enjoyment of a friend!

### **NUTRITION**

We will put our effort into helping you out, but we deeply encourage you to make initiative to comply with our nutrition suggestions to help you achieve better results. Nutrition and exercise go hand in hand and are each essential parts of wellness. Visit the website: [www.mypyramid.gov](http://www.mypyramid.gov) for great nutrition resources.

### **STRETCHING**

Stretching will promote flexibility which will help you regain full range of motion and will assist in creating greater strength benefits. Flexibility will also help to prevent injuries to your tendons, joints and muscles. Flexibility is just as important to your body as all other aspects of fitness; it will improve your posture, and help you to have more ease with everyday activities. We encourage you to understand the benefits of the stretches we provide that will conclude each session.

## **MAKING THE MOST OF YOUR SESSIONS**

Ask your Trainer to spend some time explaining a warm up to you and how you may go about warming up on your own to allow yourself more time during each session. Warming up is something you can easily learn how to do on your own and is an essential part of your workout that will help to prevent injury.

**If there are any special considerations, injuries, or anything else that your trainer should know about please inform them during the FIRST training session, as this can be very important for the effectiveness of your program.**

**Also, please notify your trainer of any questions or comments about your sessions and how you are doing. This will keep each of you aware of your goals and how things are going even outside the training sessions.**

## **WHAT SHOULD I WEAR AND BRING?**

For your first session you will be asked to do many assessments that will allow us to personalize your training for you. This will show us areas that you will need more attention than others, ect. For your **first** session we ask that you do not work out prior to the session and that you please wear a comfortable shirt and **shorts**.

For every training session *after* the first, please wear comfortable workout clothes and good, comfortable tennis shoes. Please bring a bottle of water with you to stay hydrated and a towel (which can be picked up at the front desk as you walk in).

*Welcome!*

-Denise Schuster (Personal Trainer and Coordinator of Fitness and Wellness)

-Jerry Soto (Personal Trainer)