

Personal Training Agreement – Student/Graduate Agreement – AM/PM Sessions

SensAbility 770-677-0300

Name (please print): _____

This commitment must be taken seriously so that we may provide real client experiences for our students in training. Training Location is at SensAbility Clinic.

Select a Package (only select 1):

- 2 Training sessions per week \$60.00 (\$5.00 per session) *Must attend 10 out of 12 sessions
- 3 Training sessions per week \$54.00 (\$3.00 per session) *Must attend 15 out of 18 sessions
- 4 Training sessions per week \$48.00 (\$2.00 per session) *Must attend 20 out of 24 sessions

Select Your Times:

Tuesday

1-on-1 Session

7:30am – 8:30am

2:00pm – 3:00pm

Wednesday

1-on-1 Session

7:30am – 8:30am

2:00pm – 3:00pm

Thursday

1-on-1 Session

7:30am – 8:30am

2:00pm – 3:00pm

Friday

1-on-1 Session

7:30am – 8:30am

2:00pm – 3:00pm

What to expect during your initial visit:

Your first visit will be your initial assessment, which entails: resting heart rate and blood pressure readings, body fat caliper testing and body circumference measurements. You will then go through a series of movements while your trainer is logging your performance. After your assessment is complete, your personal trainer will design your exercise program according to your abilities, goals and needs. On your first day and on re-evaluations, wear shorts and a top that can easily be moved to accommodate the body fat caliper testing. The sites tested are: Female: triceps, iliac crest (hip), sub-scapularis (back) and thigh. Male: pectorals, rectus abdominis (stomach), and thigh.

What to bring: A water bottle and a towel

What to wear: Gym shorts or athletic pants, comfortable cotton or dry fit shirts, and athletic shoes. Do not wear tank tops, shirts (half shirts) that bare the mid-drift, rings, necklaces, bracelets, watches or earrings (studs and plugs only are allowed).

Student Agreement:

The cost for each 6 week session will be FREE, for a limited time. Each session will be for a commitment of 6 weeks. If you have ANY scheduling conflicts after your training session begins, you will need to speak directly with the SensAbility Staff to arrange an alternate time (subject to availability). Alternate training times will only be considered if 24 hour advance notice is given. If you arrive 15 minutes, or more, late to your appointment, it will be considered a missed appointment. If you fail to attend the minimum number of sessions, you will be charged a fee based on your elected package. This fee must be paid in full before your financial obligations will be considered met as described in our school catalog. If you fail to attend a session as scheduled above, no refunds will be issued. Refunds will not be given to any one who does not complete the 6 week training session commitment.

Use of facility showers

The facilities showers are available for your use.

_____/_____
Signature Date

Physical Activity Readiness Questionnaire - PAR-Q

Please Print Your Name: _____

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 89, 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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: *circle YES or NO.*

Medical Questions	YES	NO
1. Do you currently have pain when: <input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Squatting <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Jumping		
2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
3. Do you feel pain in your chest when you do physical activity?		
4. In the past month, have you had chest pain when you were not doing physical activity?		
5. Do you lose your balance because of dizziness or do you ever lose consciousness?		
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
8. Do you know of any other reason why you should not do physical activity?		

If you Answered YES to one or more of these questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- **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 to all of these questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

General Medical Questions		YES	NO
9. Have you ever had any pain in or injuries to:			
<input type="checkbox"/> Foot <input type="checkbox"/> Ankle <input type="checkbox"/> Knee <input type="checkbox"/> Hip <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Neck <input type="checkbox"/> Head If yes, please explain in detail.			
Did you see a <input type="checkbox"/> Doctor <input type="checkbox"/> Physical Therapist or a <input type="checkbox"/> Massage Therapist?			
10. Have you ever had any surgeries? (If yes, what kind of surgery and in what year?)			
11. Has a medical doctor ever diagnosed you with a chronic disease such as: Hypertension (high blood pressure) <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity? If yes, in what year?			
12. Are you currently taking any medication? (If yes, please list the diagnosis for your condition, prescribed medications, and in what year you were diagnosed?)			
13. Has a Registered Dietitian ever prescribed you a diet? (If yes , please explain your condition and provide us with your prescribed diet)			
Occupational Questions		YES	NO
14. What is your current occupation?			
15. Does your occupation require extended periods of sitting?			
16. Does your occupation require you extended periods of repetitive movements? (If yes, please explain)			
17. Does your occupation require you to wear shoes with a heel (dress shoes)?			
18. Does your occupation cause you anxiety (mental stress)?			
Recreational Questions		YES	NO
19. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please list)			
20. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please list.)			

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of temporary illness such as a cold or a fever – wait until you feel better;
- If you are or may be pregnant – talk to your doctor before you start becoming more active

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.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I acknowledge that I am of sound mind and possess the physical ability to successfully complete this program.

Print First and Last Name

Date:

Signature:

(Emergency contact information) Print first and last name, relation and phone number

Approved by: _____



Informed Consent Waiver / Release and Hold Harmless Agreement

For the Fitness Program Participant

I, the undersigned participant, am here by enrolling in a program of strenuous physical activity including, but not limited to, aerobic dance, weight lifting, stationary bicycling, and the use of various aerobic conditioning machinery offered by The Atlanta School of Massage. I have been strongly encouraged to consult with my physician prior to starting an exercise program or increasing the intensity of an existing program, indicated both in this document and by The Atlanta School of Massage. I assume this responsibility as indicated by my below signature and if I choose to, will act on this advice prior to the implementation of any recommendations made by The Atlanta School of Massage. I hereby affirm that, to the best of my knowledge, I do not suffer from any condition that would prevent or limit my participation in this fitness program and have not withheld any related information from The Atlanta School of Massage.

In the event that through screening, I have been determined to be other than apparently healthy, I have been given a physician's release, as required by The Atlanta School of Massage to exercise. I am taking no medications that may adversely affect my fitness activities, and this release, with or without physician's restrictions, has been given to The Atlanta School of Massage. In addition, I acknowledge that if my health changes, it is my responsibility to recognize the change and seek medical advice to help me decide if my continued participation in the fitness program or any part of the fitness program is still right for me.

I fully understand that I may injure myself as a result of my participation in The Atlanta School of Massage's fitness program and I hereby release The Atlanta School of Massage, its Board, employees and agents, from any liability now or in the future for any injury. Injuries may include, but are not limited to, heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during, or after, my participation in the fitness program offered, unless caused by the trainer's recklessness or intentional misconduct.

In consideration of my participation in The Atlanta School of Massage fitness program, I, for myself, my personal representatives, administrators, heirs and assigns, hereby holds harmless The Atlanta School of Massage, its Board, employees and agents, from any claims, demands, and causes of action, to include reasonable legal expenses and attorney's fees arising from my participation in the fitness program, unless caused by the trainer's recklessness or intentional misconduct.

I hereby affirm that I have read, have been honest with The Atlanta School of Massage and fully understand the above information. I have been given the opportunity to present questions in all related matters.

x _____ Date _____

Signature of Fitness Program Participant

x _____

Signature of Clinic Supervisor