



*University of New Mexico
Recreational Services*

Personal Training Questionnaire & Release Form

1. What are your goals with this exercise program?

2. How many days and hours per week would you like to devote to your exercise program?

3. Have you been on an exercise program for longer than eight consecutive weeks in the past two years? Yes _____ No _____
If yes, please explain. _____
4. Please explain your concept of fitness. _____

5. What experiences do you have with exercise and exercise equipment?

6. Do you now or have you ever had any medical or orthopedic condition that prevents/prevented you from exercise? Yes _____ No _____
If yes, please explain. _____
7. Have you ever been advised by a medical professional to stop or not to begin an exercise program? Yes _____ No _____
If yes, please explain. _____
8. Do you smoke? Yes _____ No _____ If yes, how much? _____
9. Have you had any injuries that have required medical attention? Yes _____ No _____
10. Does any person in your immediate family have a history of high blood pressure, heart disease, or diabetes? Yes _____ No _____
If yes, please explain. _____
11. When was the last time you had a physical examination? _____
What were the results? _____
12. Are you currently taking any medications? Yes _____ No _____
If yes, please specify. _____
13. What do you expect from your personal trainer? _____

I, _____, understand the risks involved in the use of weight training equipment. I assume the risks, realizing that I am subject to injury from this type of activity, and understand that no form of preplanning can remove all the danger to which I am exposing myself.

The parties to this contract agree that the state of New Mexico, the New Mexico Board of Regents, and UNM shall be indemnified and held harmless by the participant for its carious liability as a result of entering into this contract. However, the parties further agree that the state of New Mexico, the New Mexico Board of Regents, and UNM shall be held responsible for its own negligence. Each party to this contract is responsible for its own negligence.

In consideration of the permission granted to me by the UNM recreation center, the undersigned, for him/her (the participant), his/her parents, children, heirs, estate and assigns, releases, and discharges UNM, the New Mexico Board of Regents, the state of New Mexico, and its representatives of and from all liability, claims, demands, actions, and causes of action of any sort for loss, damage of injury sustained by the participant and/or his/her property during the use of the UNM Recreation Facility.

Participant's Name (Please Print)

Date _____

Participant's Signature

PLEASE NOTE: TO FACILITATE THE BEST SERVICES FOR ALL OF OUR CUSTOMERS, WE HAVE INSTITUTED A CENCELLATION POLICY. CANCELLATIONS MUST BE MADE AT LEAST 24 HOURS PRIOR TO YOUR APPOINTMENT. IF YOU FAIL TO CANCEL YOUR APPOINTMENT, YOU FORFEIT THAT SESSION. IF YOU SHOW UP AFTER FIFTEEN MINUTES LATE, YOUR TRAINER HAS THE RIGHT TO FORFEIT THAT SESSION.... OR THE SESSION CAN START LATE, BUT STILL NED ON TIME.

_____INITIAL

HEALTH HISTORY FORM

Name: _____ Date: _____

Address: _____ Phone: _____

Age: _____ Sex: Male Female

Physician's Name: _____

Physician's Address: _____ Phone: _____

Person to Contact in Case of Emergency:

Name: _____ Phone: _____

Are you taking any medications or drugs? If so, please list medication, dose, and reason for taking.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past:

	YES	NO
1. History of heart problems, chest pain or stroke.	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition.	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise.	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from a physician not to exercise.	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months).	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months).	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems.	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint or back disorder, or any previous injury still affecting you.	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or thyroid condition.	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette smoking habit.	<input type="checkbox"/>	<input type="checkbox"/>
12. Obesity (more than 20 percent over ideal body weight).	<input type="checkbox"/>	<input type="checkbox"/>
13. Increased blood cholesterol.	<input type="checkbox"/>	<input type="checkbox"/>
14. History of heart problems in immediate family.	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia, or any condition that may be aggravated by lifting weights.	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "YES" answers on the back.

COMMENTS:

THIS HEALTH HISTORY IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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.

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

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

If
you
answered

YES to one or more 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.
- Find out which community programs are safe and helpful for you.

NO to all 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- 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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

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 seven questions.

Client Contact Information:

Name: _____

Phone #: _____

E-mail: _____

Trainer Preference: _____

Please provide days and times that you are available for training so we can find you a trainer that will work with your schedule.

OFFICE USE ONLY

TYPE OF TRAINING: Individual Partner Group

OF SESSIONS: 3, 5, 7, 10 3, 5, 7 2, 4

AFFILIATION: Student Faculty/Staff Community

Amount Paid: _____ **Type of Payment:** _____

Date: _____ **Office Assistant Initial:** _____