Waiver, Release and Hold Harmless Agreement

In consideration of permission granted by Purdue University allowing me to participate in Personal Training Services, during the 2017-2018 academic year (Aug 1, 2017 to Aug 31, 2018), which is sponsored by Purdue Recreation and Wellness. I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur and assume all risks of any injuries, damages, or harm that arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").

(Initials: _____ )

2. I waive all claims against any of the Released Parties for any injuries, damages, liabilities, losses or claims, whether known or unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims. (Initials: _____ )

3. I agree to indemnify and hold the Released Parties harmless from and against any and all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses that arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. (Initials: _____ )

4. I hereby grant permission to Purdue University and any organization associated with Purdue to use, for any legitimate purpose, including future advertising of the Activity on the Purdue website or in other promotional materials, my name and likeness to the extent it may appear in any photographs or records of the Activity. (Initials: _____ )

5. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement which is governed by Indiana law. I understand it fully and I execute it voluntarily. I further acknowledge that any dispute or claim related to the subject matter hereof would be subject to the sole and exclusive jurisdiction of courts of competent authority located in Tippecanoe county, Indiana, with such courts to be the sole and exclusive venue for any such action.

Executed this _________ day of ________, 20__

_________________________________________  ______________________________________
Participant Signature                          Participant Printed Name

_________________________________________  ______________________________________
Parent/Guardian Signature                     Parent/Guardian Printed Name (if necessary)

(Required if participant is under the age of 18 or disabled)

Updated July 2017
This form is not a substitute for a thorough physical examination/assessment by your physician. This is designed to identify and understand potential issues that may arise during an increase in physical activity. All information on this form is confidential and will not be released to anyone outside the CoRec or your personal trainer without written consent. Any information that you provide will enable us to better understand you and your health/fitness habits.

**Personal Information:**

Name: ______________________________________________________ Date: ______________________

PUID ID: ______________________ Email Address: ____________________________

Date of Birth: ______ Gender: _______ Height: ___________ Weight: ___________

Address: ______________________________________________________________________________________________

Phone Number: ______________________ Purdue Affiliation: Student Faculty/Staff Other

**Physician Information:**

Does your physician know you are participating in this exercise program? Yes No

Physician’s Name: ___________________________ Physician’s Phone: ______________________

**Emergency Contact Information:**

Emergency Contact Name: ___________________________ Relationship: ______________________

Phone Number: ______________________________

**Medical Screening Section:**

Do you have a history of, or do you currently have any of the following (check all that apply):

- [ ] History of heart problems, chest pain, or stroke
- [ ] Muscle, joint, or back disorder
- [ ] Increased blood pressure
- [ ] Any previous injury still affecting you
- [ ] Any chronic illness or condition
- [ ] Diabetes or thyroid condition
- [ ] Difficulty with physical exercise
- [ ] Cigarette smoking habit
- [ ] Recent surgery (last 12 months)
- [ ] Increased blood cholesterol
- [ ] Pregnancy (now or within last 3 months)
- [ ] Hernia, or condition that might be aggravated by lifting
- [ ] History of breathing or lung problems
- [ ] Fainting, lightheadedness, blackouts, etc.
- [ ] Severe or recurrent headaches
- [ ] Eating disorder

If you checked any of the above conditions, please explain here:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Are you taking any medications, supplements, or drugs? If yes, please explain and identify:

_____________________________________________________________________________________________

_____________________________________________________________________________________________
Medical Screening

Please follow the directions for completing the Medical Screening Section One: Physical Activity Readiness Questionnaire (PAR-Q) in Section One. **If you check any conditions in Section One, you will be asked to obtain medical clearance prior to beginning your personal training sessions.**

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15-69, 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.**

Please note: if your health changes so that you answer YES to any of the above questions, please inform your personal trainer. Your physical activity clearance will be invalid until you speak with your physician to obtain a physician’s clearance.

**If you answered YES to one or more questions:**

Talk with your doctor BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment. Tell your doctor about the PAR –Q and which questions you answered YES to.

- You may be able to do any activity you want as long as you start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk with your physician about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

**If you answered NO to all 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 assessment. This is an excellent way to determine your basic fitness level, so that you can plan the best way to increase activity.

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

Name: ___________________________________________ Date: __________________________

Signature: __________________________________________ Signature of Parent __________________________

(for participants under the age of 18)
Personal Fitness Questionnaire: Section 1

Please select the personal training package you are interested in:

- Body Composition $7
- Fitness Assessment $24
- Jumpstart $46

Availability—Please choose days and blocks of times that you are available to meet with a trainer (check all that apply):

<table>
<thead>
<tr>
<th>Time Blocks</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:30A-9:00A</td>
<td>□</td>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9:00A-1:00P</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>1:00P-5:00P</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5:00P-9:00P</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7:00P-12:00P</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Personal Fitness Goals: Please indicate your personal fitness/health goals (check all that apply):

- Reduce body fat & lose weight
- Reduce blood pressure/cholesterol
- General health & fitness
- Improve balance, flexibility, and mobility
- Muscular strength
- Build lean muscle mass
- Sport specific training
- Improve cardiovascular fitness

Please tell us more about your specific goals for exercise, health, and fitness:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Personal Training Policies

Please initial on the left of each statement to indicate you have read and understand.

______________ If I am unable to make the scheduled training session due to an illness, emergency, travel, or any other circumstances, and don’t give my trainer 24 hour notice, I agree to forgo my training session and to uphold the agreed charge to my account, effectively removing one training sessions from my membership.

______________ It is my responsibility to notify my trainer of any change in my health status.

______________ I understand that my sessions will expire after two consecutive semesters from purchase date and are non-refundable (unless there is a specific medical condition in which this situation will be re-evaluated).

______________ If you arrive more than 15 minutes late for the scheduled appointment, forfeiture of the sessions will result and your personal trainer has the right to leave the premises. Appointment still ends at scheduled time if you are late.

______________ If I do not participate in a training session nor contact my trainer for a 30 day period without advanced notice of an extended absence or medical condition, I will be moved to INACTIVE client status which may entail having a new trainer assignment if I choose to return to the program.

Purdue University Recreation and Wellness assume no liability for any person who undertakes physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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

Name (First, Last) ________________________________ Date: ________________________________

Signature: __________________________________________________________________________