



Date:

CLIENT AGREEMENT

Name:
Primary Phone:
CWID:
Primary Email:

Please indicate
interest here:

CAMPUS RECREATION GENERAL POLICY (Please enter initials)

1. I understand that sessions/packages are not refundable. _____
2. I understand that I cannot transfer my sessions, package(s) nor gift certificate(s) to another person. _____
3. I understand that the more feedback I provide my Trainer the more effective the service will be. _____
4. I understand that it is my responsibility to communicate fully any and all medical history information to my Trainer. I also understand that I take full responsibility if I inadvertently or purposefully mislead or misinform my Trainer, or am not truthful in completing all paperwork. _____
5. I understand I must have an active Morris Recreation Center membership. MRC Non-member must purchase a day pass per visit. _____
6. I understand Campus Recreation does not sell or distribute parking passes. They can be purchased at the Cashiers Office located in the McDowell Administration Building. _____

PERSONAL TRAINING (Please enter initials if you have selected Personal Training OR Buddy Training above)

1. I understand that a fitness assessment is free with the purchase of a training package and will be completed prior to beginning any sessions with a Personal Trainer. If I do not show up for this appointment and do not give at least 24 hours' notice, I will have to make up the appointment and I will be charged a training session for the assessment. _____
2. I understand that my sessions expire in a certain amount of weeks based on the amount of sessions I have purchased. For example, if I purchase an 8 session package my sessions will expire in 8 weeks, if I purchase a 4 session package my sessions will expire in 4 weeks and so on. _____
3. I understand that schedule cancellations require at least 24 hours' notice or I will be charged for the session. _____
4. I understand that I can request a trainer. If the trainer is unavailable, however, I will be given the option of waiting up to 4 weeks for that trainer or I will be scheduled with another trainer. _____
5. I understand that there will be certain expectations of me that the trainer will cover in detail at our first meeting. I understand that if I do not commit with 100% effort to this program that my assigned trainer can request that I train with someone else. _____
6. I understand that if I am uncomfortable with a particular exercise I can ask the trainer why I am doing it and can request the exercise be changed. _____

BUDDY TRAINING or GROUP TRAINING (Please enter initials if you have selected either or)

1. Please list first and last name of buddy/buddies: _____
2. I understand that the price I am paying is for half of the total package. Clients will not be paired with a trainer until both buddies have paid their half. _____

SMALL GROUP TRAINING (Please enter initials if you have selected Group Training above)

1. I understand that I can only attend the course and/or classes for which I registered. I understand that in the event of missing a class, no refunds or make-up classes will be given. _____
2. I am aware of the dates and times of the class for which I registered. _____



Please fill out all of the following for all services

Please list your primary goal for hiring a personal trainer? _____

Please select days per week and write in time slots per day that works best for you.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	Times:	Times:	Times:	Times:	Times:	Times:

Have you ever worked with a personal trainer before? _____

Would you like to request a specific trainer? _____

Do you prefer a male or female trainer? _____

How many times per week would you like to work out with a trainer? _____

How many times per week would you like to work out in total? _____

Do you have any physical limitations or medical conditions that we need to be aware of?

_____ If yes, please explain _____
