



PERSONAL TRAINING CANCELLATION POLICY

Time has been specifically reserved for your personal training appointment. The trainer has made special arrangements for transportation, other training appointments, and sometimes childcare in order to accommodate your training session.

You must call at least 24 hours ahead of time to cancel your appointment. If you do not provide 24-hour notice to your trainer, you will be charged full-price for the session.

We appreciate your effort to improve your fitness and look forward to serving you and helping you reach your goals.

Please sign below that you have read and agree to abide by the above cancellation policy.

Signature

Date



FITNESS ASSESSMENT INFORMED CONSENT FORM

Participation in the fitness testing is voluntary and the participant has the right to refuse participation in any test or to stop a test at any time. The fitness assessment is not intended to diagnose any medical condition. No physician will be present during any part of the testing. The tests included in the fitness evaluation will test the following areas of physical fitness: (1) cardiorespiratory endurance, (2) body composition, (3) muscular strength/endurance, and (4) flexibility. The results obtained from the exercise test will assist in the evaluation of your present fitness level and will provide the basis for the development of a personal exercise plan. Any questions about the procedures used in the exercise tests or in estimation of aerobic capacity are encouraged. If you have any doubts or questions, please ask us for further explanations.

I acknowledge that I have consulted with my own private physician prior to my participation in the South Davis Recreation Center Fitness Testing and I am satisfied that I am in appropriate physical condition to take part in the testing.

I understand that my vital signs (blood pressure and resting heart rate) will be taken and skinfold measurements will be taken at 3-6 sites to determine body fat percentage. I will complete tests to determine posture and flexibility. I will complete several tests to determine muscle strength and endurance. I shall also perform a cardiovascular/respiratory exercise test. I understand that I may stop the test at any time because of abnormal blood pressure, fainting, and in rare instances, heart attack or death. Every effort will be made to minimize these effects through preliminary health history interview and observations during testing. I acknowledge that I am responsible for keeping the test administrator informed of any symptoms that I may experience during any part of the testing.

I understand that I can withdraw my consent or discontinue in any aspect of the fitness testing or program at any time without penalty or prejudice toward me.

I have read and understand the foregoing information and understand the test procedures that will be performed. I have had all my questions answered to my satisfaction. I hereby consent to fully participate in these tests.

Signature

Date

Witness