



PERSONAL TRAINING REQUEST FORM

859.873.5948 • tbleuel@vwcparksrec.com

NAME: _____ DOB: _____ GENDER: M F

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: (H) _____ (C) _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

HEALTH & FITNESS GOALS: Please check all that apply.		
General Health	Fitness	Functional
<input type="checkbox"/> Weight management <input type="checkbox"/> Lower cholesterol <input type="checkbox"/> Improve body composition <input type="checkbox"/> Reduce Stress <input type="checkbox"/> Reduce my risk of disease <input type="checkbox"/> Other: _____	<input type="checkbox"/> Increase aerobic capacity <input type="checkbox"/> Increase muscular strength <input type="checkbox"/> Improve flexibility <input type="checkbox"/> Sports specific training Specify sport: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Improve balance <input type="checkbox"/> Improve posture <input type="checkbox"/> Reduce back pain <input type="checkbox"/> Strengthen core (abs/back) <input type="checkbox"/> Other: _____

List any additional goals here: _____

Please list any restrictions, injuries, medical conditions or joint limitations your trainer should be aware of: _____

To help us pair you with the most appropriate personal trainer, please circle your preferences below:

- Do you currently exercise? Y N If yes, how often? _____
- Desired number of personal training sessions per week: 1 2 3 4 5 Don't Know
- Preferred training day(s): Mon Tue Wed Thu Fri Sat
- Please check the time(s) you are available to personal train:

<input type="checkbox"/> Early morning (5:30-8 AM)	<input type="checkbox"/> Mid-morning (8-11 AM)	<input type="checkbox"/> Early-afternoon (11 AM-2 PM)
<input type="checkbox"/> Late Afternoon (2-5 PM)	<input type="checkbox"/> Evening (5-8 PM)	
- Do you have a Falling Springs approved trainer with whom you'd like to work? Y N
 If yes, who? _____ Do you have his/her contact info? Y N
 If not, please indicate your preference: Female Trainer Male Trainer No Preference

What type of session are you interested in?~ (ALL PACKAGES WILL BE TAXED)

- | | | |
|---|--|---|
| <input type="checkbox"/> Single Session (\$40) | <input type="checkbox"/> 5 Session Package (\$185) | <input type="checkbox"/> 10 Session Package (\$345) |
| <input type="checkbox"/> Single Buddy Session(\$55) | <input type="checkbox"/> 5 Buddy Sessions (\$250) | <input type="checkbox"/> 10 Buddy Sessions (\$475) |

If you selected Buddy training, what is your training buddy's name? _____

PLEASE COMPLETE BOTH SIDES

THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the ACTIVITY/ACTIVITIES, EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the **Versailles-Woodford County Parks & Recreation Department**, and all of their directors, officers, agents, volunteers and employees, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. BY PARTICIPATING OR ATTENDING THIS EVENT YOU ASSUME ALL RISKS WHETHER KNOWN OR UNKNOWN.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK WHATSOEVER, INCLUDING BUT NOT LIMITED TO BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the ACTIVITY/ACTIVITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF ALL RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARTICIPANT'S NAME

DATE OF BIRTH (M/D/YY):

PARTICIPANT'S SIGNATURE (IF OVER 18):

DATE:

PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT (IF PARTICIPANT IS UNDER AGE 18)

I represent and warrant that I am the parent or legal guardian of _____, and that I have received, read, and understood the foregoing Release and Waiver. I fully consent to and voluntarily execute said Release and Waiver on Minor's behalf. I acknowledge and agree that all representations, consents, agreements, grants, waivers, authorizations, indemnifications, and releases herein shall be regarded as made by me on behalf of the Minor and shall be binding on me and the Minor.

Furthermore, in consideration of Releasees possibly including me and/or Minor in the Event, I hereby agree to be bound by and to perform all of the terms and conditions of the foregoing Release and Waiver (including, without limitation, the provisions regarding release of all claims), as such terms and conditions may relate to my participation and/or the participation of the Minor in the Event, if any.

PARENT/GUARDIAN'S SIGNATURE

DATE

PRINTED NAME:

RELATIONSHIP TO MINOR:



PERSONAL TRAINING GENERAL INFORMATION

- **To gain the most from your session(s), please observe the following:**
 - a. All services are available by appointment only.
 - b. There are no discounts on the cost of any services unless authorized by the Fitness Manager.
 - c. Clients must pay for all services in advance.
 - d. Sessions are one hour in length.
 - e. Trainer fees are subject to change.

- **Cancellation Policy**

You must call and give your trainer at least 2 hours notice if you must cancel your training session. If you do not contact your trainer, or if you give less than 2 hours notice, your session will not be rescheduled and a refund will not be issued. Calls should be made directly to the trainer, NOT to Falling Springs Center

- **When will my trainer call?** A trainer will contact you no more than 3 full business days after you have turned in your Personal Trainer Request Form.

- **Approved Trainers**

Only Personal Trainers employed by Falling Springs Center are permitted to provide personal training services at Falling Springs. Please contact the Fitness Office at Falling Springs Center for an up-to-date list of Personal Trainers.

- **If you have any questions regarding your personal trainer or your training experience at Falling Springs Center, please contact Tefany Bleuel (Director of Facility Operations) at tbleuel@vwcparksrec.com or at 859.873.5948.**

THIS PAGE IS YOURS TO KEEP!