



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LA CROSSE AREA FAMILY YMCA

PERSONAL TRAINING AGREEMENT 2016

There is no organization quite like the Y. The Y is a powerful association of men, women and children of all ages and from all walks of life joined together by a shared passion: to strengthen the foundations of community. With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Y ensures that every individual has access to the essentials needed to learn, grow and thrive.

First Name: _____ Middle Name: _____ Last
Name: _____

Address: _____ City: _____ State: _____ Zip
Code: _____

Home Phone: _____ Cell Phone: _____ Business
Phone: _____

Employer/Business: _____

Date of Birth: _____ Gender: Male Female

E-mail Address: (YMCA use only): _____

Emergency Contact: First name _____ Last Name _____
Phone # _____

Thank you for choosing to work with a Y Personal Trainer. Please review the information below so that you're familiar with the Y's personal training policies and procedures.

In consideration of being allowed to participate in personal training held or sponsored by the La Crosse Area Family YMCA.

I _____ do hereby recognize and agree as follows:

1. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the personal trainer of the symptoms.
2. I understand that personal training may include efforts that stress the cardiovascular, neurological, muscular, skeletal, and other physiological systems of the body. The reaction of these systems to physical activity cannot be predicted with complete accuracy.
3. I recognize there is a risk for strained muscles, sprained joints, heart attack, brain attack, and other medical incidents during or after physical activity. I may choose to participate in activity and wellness assessments and understand that the results of these assessments are not to be construed as diagnostic.
4. This information will be used to establish directions and guidelines for my activity and wellness programming. I understand that I am responsible for monitoring my own condition during physical activity and fitness assessments.
5. I will inform the personal trainer of unusual symptoms and may elect to cease activity. I acknowledge that the YMCA recommends that I consult with my physician prior to beginning a personal training program if I have any reason to believe that exercise may cause some harm or present a danger to me.
6. I understand that the YMCA reserves the right to increase personal training fees as necessary, with at least 30 days advanced written notice beyond the current paid for sessions.
7. I understand that the YMCA makes no assessment of my health status or suitability to participate in the personal training program. I further understand that the YMCA strongly encourages me to complete the PAR-Q (Physical Activity Readiness Questionnaire) that will be provided to me by the YMCA prior to my first personal training session. Further, I understand that the YMCA recommends I talk with my doctor prior to beginning a personal training program, particularly if prompted by the results on the PAR-Q.
8. I understand that participation in this activity or program carries a risk of injury to me as a participant. This risk of injury can be significant, with potential for permanent disability or death. I agree to follow all rules of the program or activity, to act within the limits of my ability, to maintain control of myself and all equipment I may use in the activity, and refrain from acting in any manner that may cause or contribute to injury of myself or any other person. I fully understand that such rules and equipment cannot completely eliminate the potential for injury.
9. I acknowledge that the La Crosse Area Family YMCA has made a good faith effort to reduce these risks and to make this program activity reasonably safe for my participation. I knowingly and freely assume all such risks, whether known or unknown, which may be connected with or arise out of the program or activity and accept full responsibility for my participation. If, in the course of my participation in the personal training program or activity, I observe an unusual or significant hazard, or I do not feel well, I will remove myself from participation and bring such hazards to the attention of the personal trainer.

10. To the fullest extent permitted by law, I hereby forever indemnify, release and hold harmless the La Crosse Area Family YMCA, its officers, agents, employees, sponsors, and any owners or lessors of premises or property used in this program or activity, from any and all liability, claims, damages, losses and expenses of any kind (including attorney fees), for property damage or personal injury, including disability or death, which may arise in any way out of my participation in programs or activities of the La Crosse Area Family YMCA. I expressly indemnify and hold harmless the La Crosse Area Family YMCA, its officers, agents and employees, from and against all injury, damage or expenses arising out of its own negligent acts or omission, unless such expense, injury or property damage result solely from the gross negligence or willful misconduct of the La Crosse Area Family YMCA and/or its agents, officers or employees.

I have read and understand this Personal Training Agreement and Release of Liability and understand that I am assuming certain risk. I agree to all terms of this Release and hereby sign it freely and voluntarily. I agree to abide by the YMCA personal training policies.

X _____ Age _____ Date _____
(Participant's Signature)

PARENT/GUARDIAN OF PARTICIPANT UNDER AGE 18 AT TIME OF REGISTRATION

I hereby certify that I am the parent or legal guardian for this participant. I do hereby and agree to his/her release as provided above. In addition, I agree on behalf of myself, my heirs and assigns that all the terms and conditions of this Release, including the indemnity provisions, shall apply in full force and effect to us as those terms may relate to my minor child's participation in the programs and activities.

X _____ Phone # _____
Date _____
(Parent/Guardian Signature)

YMCA Personal Training PAR Q Policy

The La Crosse Area Family YMCA seeks to safeguard the health and well being of its member who wish to train with a YMCA trainer. We consider the practices of the Physical Activity Readiness Assessment (PAR-Q) to be vital to the quality of care delivered through our personal training program. In the interest of providing a safe and effective setting for our members' personal training pursuits we will: promote information about the inherent risks associated with YMCA activities and make a self-administered Physical Activity Readiness Questionnaire (PAR-Q) available upon entering into an agreement to work with a YMCA personal trainer, but prior to the first training session.

I acknowledge that the YMCA has provided me with a PAR-Q (Physical Activity Readiness Assessment) and I am required to complete the PAR-Q prior to beginning any personal training.

X _____ Age _____
Date _____
(Participant's Signature)

I acknowledge receiving the PAR-Q Physical Activity Readiness Assessment and I decline to complete the PAR-Q at this time.

X _____ Age _____
Date _____
(Participant's Signature)