

Helwig Recreation Center

Personal/ Small Group Training

Application

This personal/ small group training application requires you to provide personal information about your health/medical history to ensure your health and safety while participating in this program. All information is kept confidential and in a secure location. Please feel free to contact Ericka Adams, Director of Wellness and Recreation, ejadams@northpark.edu, ext. 5618 if you have any questions or concerns.

Directions

1. Please complete the following forms including your personal information, health history, and payment preference and return to your personal trainer at your earliest convenience. Payment can be made through cash, check (made out to North Park University) or payroll deduction (see form in application).
2. **If you checked any of the boxes on page 4 of the health history form or indicate that you have any cardiac, pulmonary, metabolic or orthopedic problems you will be required to obtain your physician's consent to participate in writing as soon as possible.**
3. There are six categories of training to choose from, it is up to you which program you decide to take part in. Remember all individuals will be matched up with a trainer based on their availability, personality, and fitness goals. Personal training will be one on one with a trainer and sessions will be scheduled based on your own preferences. Group Training sessions are scheduled based on your trainer's availability as well as you and the rest of your group members' availability.

Please check your preferred training program:

- | | |
|--|--|
| <input type="checkbox"/> 4 one on one sessions- \$150 | <input type="checkbox"/> 4 group training sessions- \$100 |
| <input type="checkbox"/> 8 one on one sessions- \$275 | <input type="checkbox"/> 8 group training sessions- \$200 |
| <input type="checkbox"/> 16 one on one sessions- \$500 | <input type="checkbox"/> 16 group training sessions- \$400 |

****Each program includes a free one on one orientation to go over your fitness/wellness goals, and any other questions you may have.**

*****Please note if you need to cancel or reschedule any sessions, this must be done with at least 24 hours' notice to avoid being charged for that session.**

VIKINGS
NORTH PARK UNIVERSITY
 Personal Training

Participant Information

Name _____ Home Phone: _____ Work Phone: _____

Address _____ Email _____

Gender: male _____ female _____

Age: _____ Birth date: _____ Weight: _____ Height: _____

Faculty Staff Student Spouse

Major/Department: _____

Emergency Contact: _____ Relationship to you: _____

Emergency Phone: _____

Have you tried to lose weight in the past? Yes No

Are you currently engaging in regular exercise program? Yes No

If you answered YES to the above question, what activities/exercises do you participate in?

If you answered NO to the above question, what has prevented you from participating in a regular exercise program?

What is your biggest obstacle with losing weight?



Health History Form

Physician's name _____ Physician's phone _____

Does your physician know that you are participating in an exercise/fitness program? yes ____ no ____

Date of last physical examination _____

Are you taking any medications or supplements?

no ____ yes ____ (Please list medications/supplements and reasons for usage below.)

Medication/Supplement	Reason for usage
_____	_____
_____	_____
_____	_____

Family Health History

Have any of your BLOOD relatives had:	yes	no
1. Heart attack under age 55?	____	____
2. Stroke under age 55?	____	____
3. High blood pressure?	____	____
4. Elevated cholesterol?	____	____
5. Sudden death under age 55?	____	____
6. Heart operations?	____	____
7. Obesity?	____	____

Assess your health status by marking all TRUE statements.

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty
- Pacemaker, implantable cardiac defibrillator, or rhythm disturbance
- Heart valve disease
- Heart transplantation
- Heart failure
- Congenital heart disease



Assess your health status by marking all TRUE statements.

Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, and/or blackouts
- You take heart medications

Other health issues

- You have diabetes.
- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You are pregnant or have been pregnant in the past 3 months.
- You take any prescription medication.

Cardiovascular risk factors

- You are a man ≥ 45 years.
- You are a woman ≥ 55 years, you have had a hysterectomy, or you are postmenopausal.
- You smoke or quit smoking in the previous 6 months.
- Your blood pressure is $\geq 140/90$ mm Hg.
- You don't know your blood pressure.
- You take blood pressure medication.
- Your cholesterol level is ≥ 200 mg. dL.
- You don't know your cholesterol level
- You have had a close blood relative who had a heart attack before the age of 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive (you get less than 30 minutes of physical activity on at least 3 days per week).
- You are more than 20 lbs. overweight.

- None of the above statements applies to me.**

Any of the above statements marked TRUE may require you in most circumstances to obtain your physician's consent.

Please explain any TRUE answers from health status questions. (If necessary use the back of this page):

Do you have any other medical conditions or problems not previously mentioned? If so, please explain.

Patient Information Release

If you have marked TRUE to any of the above questions or have indicated that you have significant cardiac, pulmonary, metabolic or orthopedic problems that may be exacerbated with exercise you agree it is permissible for us to contact your physician regarding your health status.

Signature: _____ Date: _____

Fitness Staff Signature: _____ Date: _____

To be completed by fitness professional (circle one):

AHA/ACSM risk stratification: Low Moderate High

Physician: Yes No



Physician Consent Form

Dear Dr: _____, Your patient, _____, would like to begin an exercise program at North Park University Helwig Recreation Center. After reviewing, _____, responses to our health status questionnaire, we would appreciate your medical opinion and recommendations concerning participation in regular exercise. Please provide the following information and return this form via fax or mail to:

Ericka Adams
Director of Wellness/Recreation
3225 W. Foster Ave. Box 56
Chicago, IL 60625
Phone: 773-244-5618
Fax: (773) 634-4056
Email: ejadams@northpark.edu

1. Are there specific concerns or conditions our staff should be aware of before this individual engages in regular exercise at our facility? YES/NO If YES, please specify. _____

2. If this individual has completed a graded exercise test please provide the following:
a. Date of test: _____
b. A copy of the final exercise test report and interpretation
c. Your specific recommendations for exercise training, including heart rate limits during exercise: _____

3. Please provide the following information so that we may contact you if we have any further questions:
 I AGREE to the participation of this individual in regular exercise activity at your fitness facility.
 I DO NOT AGREE that this individual is a candidate for exercise at your fitness facility and this individual should be referred to a supervised exercise facility because: _____

Physician's signature: _____ Date: _____
Physician's name: _____ Date: _____
Address: _____

Thank you for your consideration,

Ericka Hopper
Director of Wellness/Recreation
North Park University



NORTH PARK UNIVERSITY

GENERAL RELEASE, ASSUMPTION OF RISK AND WAIVER FROM LIABILITY

In consideration of my using the Facilities and Equipment (both as hereinafter defined) and/or services of the Helwig Recreation Center (the "Center"), including any travel related thereto, and my participating in any class, program, exercise training, exercise, Intramural, informal, instructional, group fitness, physical sports, weight and cardiovascular training, climbing wall, batting cages, practice turf activities, and any other activities and/or programs and services sponsored by North Park University and/or activities occurring in the Center whether organized by the Center or individually on my own (hereinafter referred to as the "Programs"), I agree as follows:

1. **RISK FACTORS.** I understand and acknowledge that my utilization of Center's Facilities, including, but not limited to, the running track, batting cages, climbing wall, practice turf, exercise rooms, aerobic studios, and volleyball/basketball courts (the "Facilities") and of the Center's Equipment, including, but not limited to, cardiovascular and exercise weight equipment, treadmills, stationary bicycles, stair machines, and climbing equipment (the "Equipment") and my participation in the Center's Programs involves risk including, but not limited to, the following: risk of property damage and bodily injury, including, but not limited to, permanent disability, paralysis and possibly death. These risks may result from the use of the Equipment or Facilities, from participation in the Programs, from the activity itself, from the acts of myself and/or others, or from the unavailability of emergency medical care for any reason.

2. **ASSUMPTION OF THE RISK.** I expressly and voluntarily consent and agree to assume full responsibility for any and all damages or injury that may arise out of or result from my use of the Equipment or Facilities, and/or my participation in the Programs, except for any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, or volunteers of North Park University.

3. **RELEASE.** I hereby release, waive and forever discharge North Park University, its affiliates, their directors or trustees, officers, employees, personnel, volunteers, and any of their staff members, instructors, agents or representatives ("Releasees"), from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur as a result of my participation in the Programs.

I further hereby release, waive and forever discharge Releasees from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur in, on or about the Center's premises or as a result of my using or misusing the Facilities and/or the Equipment.

4. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** I acknowledge reading and knowing all policies and procedures relating to the Programs, Facilities, and/or Equipment and understand that the safe and proper use of Facilities, Equipment or participation in the Programs is dependent upon carefully following such policies and procedures. I agree to comply with and abide by all rules and regulations of the Center and North Park University. The Center staff reserve the right to temporarily or permanently revoke or terminate my membership privileges for any violations of the rules and regulations of the Center or for any violations of the policies and procedures relating to the Programs, Facilities, and/or Equipment of the Center.



5. **PREREQUISITE SKILLS AND TRAINING.** I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely use the Equipment, Facilities, and to participate in Programs offered in the Center. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly use the Equipment, Facilities, or participate in the Programs of Center, then I will direct such questions to the appropriate staff member on site.

6. **INDEMNIFY AND DEFEND.** I agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, causes of action, liabilities, losses, costs (including reasonable attorneys’ fees and court costs) or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to my use of the Center, Facilities, Equipment and/or my participation in any Program.

7. **PAY.** I agree to pay for any and all damages to any property of Releasees caused by my negligence, willfully or otherwise.

8. **REPRESENTATIVES.** I enter into this Agreement for myself, my spouse (if any), my heirs, assigns and legal representatives and persons claiming through or under myself.

9. **CONSENT AND RELEASE FOR EMERGENCY TREATMENT.** I, as a user of the Center, Facilities and Equipment and participant of the Center’s Programs, hereby consent to medical treatment in a medical emergency where I am unable to consent to such treatment. **I further release the Releasees from any claim whatsoever on account of first aid treatment, emergency medical services or other services rendered to me during my participation in the Programs and use of the Facilities and/or Equipment.**

10. **INSURANCE.** I understand North Park University does not carry participant insurance, and that I will be solely responsible for any medical, health or personal injury costs relating to my use of the Center, Facilities and/or Equipment. I understand that I am encouraged to have a medical physical examination and to purchase health insurance for myself prior to any and all participation in any of the Center’s Programs.

11. **JURISDICTION.** This General Release, Assumption of Risk and Waiver from Liability (“Release”) shall be governed in all respects by the laws of the State of Illinois. The parties agree to use the State of Illinois for jurisdiction and the County of Cook in the State of Illinois as venue for any disputes between the parties.

12. **SCOPE OF RELEASE AND SEVERABILITY.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

13. **ACKNOWLEDGEMENT.** I have read and fully understand this Release. I realize it relates to surrendering and releasing valuable legal rights and remedies. By signing this Release, I hereby freely and voluntarily release those legal rights and remedies.

Participant Name: (please print): _____

Participant Signature: _____

Date: _____



North Park University

Helwig Recreational Center Payroll Deduction Form

(Please Print)

First Name _____

Last Name _____

NPU ID # _____

Campus Phone # _____

Position _____

Helwig Program/Service _____

Fee \$ _____

PAYROLL DEDUCTION GUIDELINES

- 1) The above fee will be deducted in a one lump sum from the next pay period.
- 2) This payroll deduction cannot be revoked nor will the payment carry over to the next semester. Even if participation in the above program/service is less than anticipated, the employee has committed to this payment.
- 3) Should an employee fail to live up to the expectations of the payroll deduction, North Park University reserves the right to deny said employee the right to participate in this payroll deduction in the future.
- 4) If employment with North Park University is terminated before the end of the semester, this payroll deduction shall cease and employee will no longer have use of the Helwig Recreation Center.

I agree to the above guidelines and program fees.

Employee Signature _____

Date _____

