Fitness Assessment/Body Composition Registration Form

Participant Information (please print)  Date:

Last Name  First Name  E-mail

UID or Member No.  Date of Birth  Gender  Phone Number

Street Address  City  State  ZIP

Emergency Contact  Phone Number

What day(s) are you available to meet?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time of day do you prefer to meet?

- Before 8am
- 8am-12pm
- 12pm-2pm
- 2pm-4pm
- 4pm-7pm
- After 7pm

Fitness Assessment/Body Composition Packages and Fees

Please select which package you are interested in purchasing. Payment is due at registration. Participants will be charged for cancellations that are not made at least 24 hours in advance. Packages are non-transferable and non-refundable and will expire 5 months from the date of purchase.

<table>
<thead>
<tr>
<th>Package</th>
<th>Eligibility</th>
<th>Pricing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Fitness Assessment</td>
<td>UMD Students/ RecWell Members</td>
<td>$26.40/$33</td>
</tr>
<tr>
<td>Fitness Assessment Re-test</td>
<td>UMD Students/ RecWell Members</td>
<td>$13/$15</td>
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<tr>
<td>*Must purchase within 1-year of original assessment.</td>
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<tr>
<td>Body Composition Analysis</td>
<td>University Affiliates and Community Members</td>
<td>$50</td>
</tr>
</tbody>
</table>
UNIVERSITY OF MARYLAND
UNIVERSITY RECREATION & WELLNESS
RELEASE AND INFORMED CONSENT FORM
FOR PARTICIPANTS IN A PERSONAL TRAINING PROGRAM FOR HEALTHY ADULTS

In consideration of the University of Maryland’s acceptance of my participation in the Personal Fitness program, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I fully understand and certify that participation in the Personal Training program, which may include an exercise prescription, instruction on strength training and the use of cardiovascular equipment, and optional fitness testing, is not part of the academic curriculum or job requirements of the University and is completely voluntary on my part.

2. I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Personal Training program, including, but not limited to: cuts, scrapes, bruises, lacerations, broken bones, muscle strains, pulls or tears, shin splints, heat prostration, knee and foot injuries, head injuries, back injuries, heart attacks, paralysis and, even, death.

3. I understand that I will be asked to complete various physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, dizziness, nausea, heart palpitations, or similar occurrences appear. At that point, I understand that I should stop exercising and that it is my obligation to inform the personal fitness program personnel of my symptoms.

4. I understand that during the performance of my Personal Training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly give consent to the physical contact for these reasons and understand that if at any point I feel uncomfortable with the physical contact, I will ask the trainer to refrain from physical contact.

5. I understand that the Nutrition Coaching portion of the Personal Training Program is designed for healthy adults, and the Nutrition Coach is not a Licensed Dietitian. The recommendations made by the Nutrition Coach will be based on the Dietary Guidelines for Healthy Adults. I further understand that Medical Nutrition Therapy for any medical condition requiring a specialized diet and/or medication with dietary restrictions may only be provided by a Licensed Dietitian in the State of Maryland and is beyond the scope of this program.

6. Knowing the dangers, hazards and risks associated with participating in the Personal Training program and the use of the equipment and facilities, I voluntarily assume all responsibility and risk of loss, damages, illness and/or injury to my person or property in any way associated with my participation in such activities.

7. I understand that this Personal Training program is designed for healthy adults and requires a minimum level of fitness for safe participation. I also understand that University Recreation & Wellness advises that participants in the Personal Training program have a physical examination to determine their fitness for participation. I further understand that the University of Maryland does not provide medical, health or other insurance for program participants.

8. I agree to abide by all rules and regulations applicable to participation in RecWell Personal Training program.

9. To the fullest extent permitted by law, I hereby release and forever discharge, and agree to indemnify and hold harmless, the State of Maryland, the University of Maryland, University Recreation & Wellness, and its officers, agents, employees from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my Personal Training program, or use of CRS equipment or facilities, whether due to the negligence, omission, default or other action of any person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

________________________________________
Signature of Participant

__________________________
Date

__________________________
Printed Name of Participant

__________________________
Date of Birth