



# Personal Training 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

How many times/ week are you looking to meet?

- 1  
  2  
  3

What time of day do you prefer to meet?

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

Where would you prefer to meet your trainer?

- ERC  
  Ritchie  
  SPH

## Personal Training Sessions and Fees (Student/Member/Limited Access Member)

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. Training sessions are non-transferable and non-refundable and will expire 5 months from the date of purchase. Prices listed are for students/members/limited access members.

	1-on-1 Training	2-on-1 Training	PT+ Training/ Coaching
<b>1 session</b>	\$37.75/ \$47.25/ \$59	\$58.75/ \$73.50	
<b>3 sessions</b>	\$92.25/ \$115.50/ \$145*	\$113.25/ \$141.75	
<b>5 sessions</b>	\$130/ \$162.75/ \$203*	\$163.75/ \$204.75	
<b>10 sessions</b>	\$222.50/ \$278.75/ \$348**	\$264.50/ \$330.75***	\$252.50/ \$315.75/\$393****
<b>12 sessions</b>	\$243.50/ \$304.50/ \$381**	\$294/ \$367.50***	\$273/ \$349.50/ \$433.50*****

\* Includes 1 pre-exercise fitness assessment.

\*\* Includes 2 (1 pre and 1 post – exercise) fitness assessments.

\*\*\* Includes 1 pre-exercise fitness assessment per client.

\*\*\*\* Includes 5 nutrition coaching sessions and weekly email/ phone connection with your coach for 10-weeks or the entire length of the package.

\*\*\*\*\* Includes 6 nutrition coaching sessions and weekly email/ phone connection with your coach for 12-weeks or the entire length of the package.

### For Official Use Only +Divide price by number of participants for small groups

Registered for \_\_\_\_\_ sessions    Fee Paid \$ \_\_\_\_\_    Date of purchase \_\_\_\_\_    CRS Staff \_\_\_\_\_

1 on 1 Sessions \_\_\_\_\_    Small Group Sessions \_\_\_\_\_    Training partner's name(s) \_\_\_\_\_

Trainer Assigned \_\_\_\_\_    Nutrition Coach Assigned \_\_\_\_\_

**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 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