

ILLINOIS CENTRAL COLLEGE

Welcome to the Illinois Central College Personal Training Program!

Getting Started. The information included in this packet is everything you need to get started with the program. First, complete the attached forms and return them to the front desk at the Student Fitness Center. You will be contacted by phone within five business days notifying you of your eligibility to participate in the program. Your eligibility is based on the questions you will answer in the paperwork. If you have any questions, please call Doug Koehler, Program Coordinator, 694-8924 or by email at Douglas.Koehler@icc.edu.

Individual Training Packages

60-minute sessions.

Personal Trainers will design exercise programs to help you stay motivated and reach your fitness goals.

- **1 Session:** Member Rate: \$40
- **5 Sessions:** Member Rate: \$200
- **10 Sessions:** Member Rate: \$360
- **20 Sessions:** Member Rate: \$600

Partner Training Packages (2 People)

60-minute sessions.

Grab a friend and one of our personal trainers to begin achieving your health and fitness goals together. For maximum effectiveness, we strongly recommend that partners have similar fitness goals and be of similar fitness levels. Participants must register and exercise together. Prices are figured as per person cost.

- **1 Session:** Member Rate: \$ 30
- **5 Sessions:** Member Rate: \$150
- **10 Sessions:** Member Rate: \$270
- **20 Sessions:** Member Rate: \$480

Fitness Assessments

30-minute session.

Fitness assessments include an evaluation of the major fitness components, including body composition, cardiorespiratory fitness, muscular strength and endurance, flexibility, and core strength. This screening is a great opportunity to receive a health risk appraisal for major cardiovascular and metabolic diseases.

- **1 Session:** Member Rate: \$25

New Client Pack

1 30-minute evaluation and 2 60-minute training sessions

The evaluation will include a health and fitness history questionnaire as well as a brief discussion about goals and/or questions about how to use the equipment. The training sessions will be tailored to each individual based on their goals and current fitness level.

- **1 New Client Pack:** Member Rate: \$99

Program Policies

All sessions are one hour in length. Personal Training sessions are non-refundable, non-transferable and expire 1 year from the date of purchase. Guests are asked to cancel at least 12 hours in advance of the scheduled training session. Failure to contact your trainer will result in forfeiture of a session. Trainers will wait only 15 minutes for guests. After 15 minutes, guests will lose a session. Sessions that begin late will end one hour from the original start time.

**Pricing and policies are subject to change without notice at the discretion of the ICC Fitness Center.*

ILLINOIS CENTRAL COLLEGE

Fitness Center

Informed Consent

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Please read and sign the following document.

Understanding that all Illinois Central College Fitness facilities and activities, including use of Personal Trainers, are ICC Fitness Center-sponsored, I hereby agree to abide by all Fitness Center regulations as specified in the Member of Conduct and/or Faculty/Staff Handbook, and all rules presented by the Fitness Center staff members, either written or verbal, for the use of their facilities. Furthermore, I understand that failure to abide by these regulations is grounds for possible restriction of my use of the Fitness Center facilities and/or loss of all recreation privileges in addition to College disciplinary sanctions.

I also understand that ICC Fitness Center reserves the right to require a doctor's approval before any Personal Training services (including, but not limited to fitness testing to measure flexibility, body composition, muscular strength and endurance, and cardiorespiratory endurance) are provided. The ICC Fitness Center also reserves the right to refuse to provide personal training services if, in its sole discretion, it believes such services may be detrimental for any reason.

Waiver: In consideration of being permitted to use the services of a ICC Fitness Center Personal Trainer I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Illinois Central College, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, my use of the ICC Fitness Center personal Trainer's services.

Signature of Participant Date

Signature of Parent of Minor Date

Assumption of Risks: Activities associated with the use of a Personal Trainer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks can range from minor injuries (such as bruises, sprains, floor burns) to major injuries (such as pulled muscles, broken bones and fractures).

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in personal training activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I hereby certify that I have insurance to cover any charges associated with any injuries or accidents that may occur as a result of my use of a ICC Fitness Center Personal Trainer.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless Illinois Central College, its officers, employees, agents and assigns from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my use of a ICC Fitness Center Personal Trainer.

Acknowledgement of Understanding: I have read the foregoing document and understand its contents. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature

Date

Printed Name UID

ILLINOIS CENTRAL COLLEGE
Fitness Center
Health Screening

Name _____ Date _____

Sex M _____ F _____ Address _____

Email Address _____

Phone (Day) _____ (Evening) _____

Age _____ Birth Date _____

Physician's Name _____ Phone # _____

Person to Contact in case of emergency _____ Phone# _____

Health History

Are you taking any medications, supplements or drugs? If yes, please explain and identify:

Describe and explain your daily routine of physical activity:

Do you now, or have you had in the past: (if so, please explain)

Yes No

1. History of heart problems, chest pain or stroke

___ ___

2. Increased blood pressure

___ ___

3. Any Chronic illness or condition

___ ___

4. Difficulty with physical exercise

___ ___

5. Advice from physician not to exercise

___ ___

Recent surgery (last 12 months)

— —

6. Pregnancy (now or within last 3 months)

— —

7. History of breathing or lung problems

— —

8. Muscle, joint, or back disorder, or any previous injury still affecting you

— —

9. Diabetes or thyroid condition

— —

10. Cigarette smoking habit

— —

11. Increased blood cholesterol

— —

12. History of heart problems

— —

13. Hernia, or any condition that may be aggravated by lifting

— —

14. Fainting, lightheadedness or blackouts

— —

15. Severe or recurrent headaches

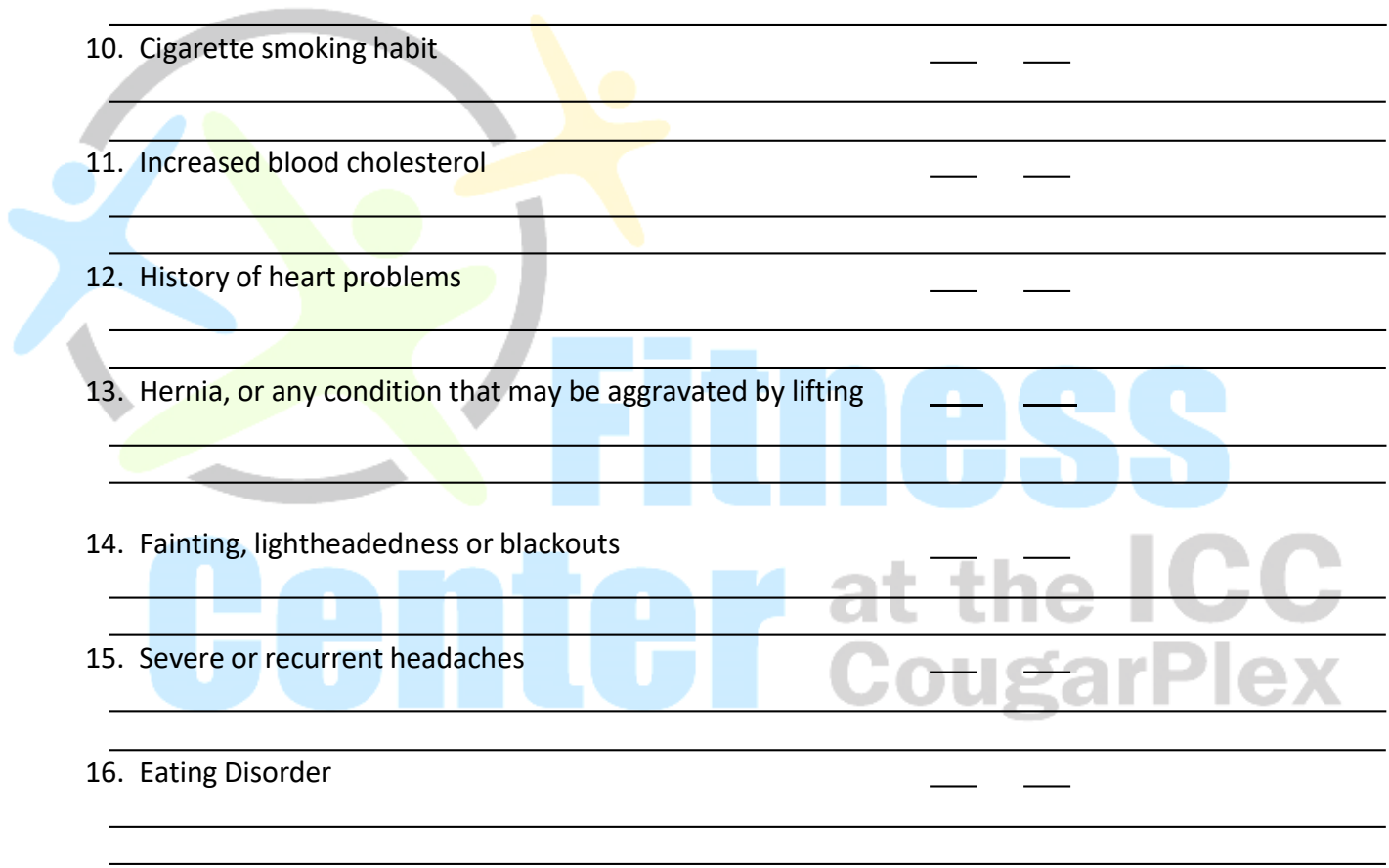
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16. Eating Disorder

— —

Signature: _____

Date: _____



PAR-Q and YOU

(A questionnaire for people aged 15-69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15-69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- | Yes | No |
|-----------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> Do you feel pain in your chest when you do physical activity? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> In the past month, have you had chest pain when you were not doing physical activity? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> Do you lose your balance because of dizziness or do you ever lose consciousness? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want-as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

If you answered NO to all questions:

You can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming more active if:

- You are not feeling well because of a temporary illness such as a cold or a fever-wait until you feel better.
- You are or may be pregnant-talk to your doctor before you start exercising.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____

Signature _____ Date _____

Signature of Parent _____ Witness _____

(for participants under the age of 18)

Exercise History and Attitude Questionnaire

Name _____ Date _____

Please fill out this form as completely as possible.

- How much time are you willing to devote to an exercise program?
_____minutes/day _____days/week
- How much time do you currently devote to an exercise program?
_____minutes/day _____days/week
- What types of exercise are you currently doing?
None_____ Walking_____ Biking_____ Roller Blading_____ Swimming_____ Cross Country Skiing_____
Run/Jog_____ Stair Master_____ Pre core Elliptical_____ ARC Trainer_____ Other_____
- Are you currently involved in regular cardiovascular exercise?
Yes _____ No _____ If yes, please specify _____
- Are you currently involved in regular strength training?
Yes _____ No _____ If yes, please specify _____
- What other exercise, sport, or recreational activities have you participated in?
In the past six months? _____
In the past five years? _____
- Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:
15-20yr _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____
- Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs?
Yes _____ No _____ If yes, please specify _____
- Do you have any negative feelings toward, or have you had any bad experience with fitness testing and evaluation?
Yes _____ No _____ If yes, please specify _____
- Rate yourself on a scale of 1 to 5 (5 indicating the highest value) (Circle)
How important is competition: 1 2 3 4 5
Your present cardiovascular capacity: 1 2 3 4 5
Your present muscular capacity: 1 2 3 4 5
Your present flexibility capacity: 1 2 3 4 5



Personal Information Sheet

Name: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Please indicate your preference in personal trainers:

Male _____ Female _____ No Preference _____

We have a limited number of personal trainers, but will do our best to accommodate your needs

What Fitness Service(s) are you interested in:

Personal Training _____ Fitness Assessment _____

Please indicate the days and times you would like to meet with your personal trainer:

Please indicate your health and fitness goals:

Would you like to lose weight? If so, how much? _____

Would you like to gain weight? If so, how much? _____

Thank you for your interest in our personal training program!
A Personal Trainer will be in contact with you within five business days.