



# PERSONAL TRAINING REQUEST FORM

859.873.5948 • tbleuel@vwcparksrec.com

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: M F

STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH & FITNESS GOALS: Please check all that apply.		
General Health	Fitness	Functional
<input type="checkbox"/> Weight management <input type="checkbox"/> Lower cholesterol <input type="checkbox"/> Improve body composition <input type="checkbox"/> Reduce Stress <input type="checkbox"/> Reduce my risk of disease <input type="checkbox"/> Other: _____	<input type="checkbox"/> Increase aerobic capacity <input type="checkbox"/> Increase muscular strength <input type="checkbox"/> Improve flexibility <input type="checkbox"/> Sports specific training Specify sport: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Improve balance <input type="checkbox"/> Improve posture <input type="checkbox"/> Reduce back pain <input type="checkbox"/> Strengthen core (abs/back) <input type="checkbox"/> Other: _____

List any additional goals here: \_\_\_\_\_

Please list any restrictions, injuries, medical conditions or joint limitations your trainer should be aware of: \_\_\_\_\_

**To help us pair you with the most appropriate personal trainer, please circle your preferences below:**

- Do you currently exercise? Y N If yes, how often? \_\_\_\_\_
- Desired number of personal training sessions per week: 1 2 3 4 5 Don't Know
- Preferred training day(s): Mon Tue Wed Thu Fri Sat
- Please check the time(s) you are available to personal train:
  - Early morning (5:30-8 AM)     Mid-morning (8-11 AM)     Early-afternoon (11 AM-2 PM)
  - Late Afternoon (2-5 PM)     Evening (5-8 PM)
- Do you have a Falling Springs approved trainer with whom you'd like to work? Y N  
 If yes, who? \_\_\_\_\_ Do you have his/her contact info? Y N  
 If not, please indicate your preference:  Female Trainer     Male Trainer     No Preference

**What type of session are you interested in?**

- Single Session (\$35)                       5 Session Package (\$160)                       10 Session Package (\$295)
- Single Buddy Session(\$50)                       5 Buddy Sessions (\$225)                       10 Buddy Sessions (\$425)

If you selected Buddy training, what is your training buddy's name? \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

# PERSONAL TRAINING WAIVER & TERMS

## WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:

- I. I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participation in this program against Woodford County, the City of Versailles, the Versailles-Woodford Co. Parks & Recreation Department and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers. I further agree to indemnify, hold harmless and defend Woodford County, the City of Versailles, Versailles-Woodford Co. Parks & Recreation and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers from and against any and all claims, suits or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.
- II. I give my child/children permission to participate in this program and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the County of Woodford, the City of Versailles, the Versailles-Woodford Co. Parks & Recreation Department and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers for damages and/or injuries which may arise from my child's participation in this program.
- III. I, the undersigned, understand and acknowledge that participation in a recreational or fitness activity can be hazardous and I realize that no one should enter into a recreation or fitness activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to falls, contact with other participants or equipment, effects of weather, equipment failure and condition of playing area. I fully understand that is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.
- IV. Having read this waiver and in consideration of acceptance of entry into this program, I and anyone entitled to act on my behalf waive and release Woodford County, City of Versailles, Versailles-Woodford Co. Parks & Recreation, it's co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.
- V. I understand that all fees must accompany this application in order for it to be processed. (Please make checks payable to VWCRPD.) I understand that if I need to cancel a training session, it is my responsibility to contact my trainer directly a minimum of 2 hours before my scheduled session. I understand that if I fail to give a minimum of 2-hour notice to my trainer that my session will not be rescheduled and that a refund will not be issued for the session.
- VI. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation activities and to use them in advertising and promotion, both in print and on the Department's website and social media outlets.
- VII. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

*By signing below, I acknowledge that I have read and agree to the above Waiver of Liability and Terms of Participation.*

\_\_\_\_\_  
Participant's or Parent/Legal Guardian's **SIGNATURE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's or Parent/Legal Guardian's **PRINTED NAME**



## PERSONAL TRAINING GENERAL INFORMATION

- **To gain the most from your session(s), please observe the following:**
  - a. All services are available by appointment only.
  - b. There are no discounts on the cost of any services unless authorized by the Fitness Manager.
  - c. Clients must pay for all services in advance.
  - d. Sessions are one hour in length.
  - e. Trainer fees are subject to change.
  
- **Cancellation Policy**

You must call and give your trainer at least 2 hours notice if you must cancel your training session. If you do not contact your trainer, or if you give less than 2 hours notice, your session will not be rescheduled and a refund will not be issued. Calls should be made directly to the trainer, NOT to Falling Springs Center
  
- **When will my trainer call?** A trainer will contact you no more than 3 full business days after you have turned in your Personal Trainer Request Form.
  
- **Approved Trainers**

Only Personal Trainers employed by Falling Springs Center are permitted to provide personal training services at Falling Springs. Please contact the Fitness Office at Falling Springs Center for an up-to-date list of Personal Trainers.
  
- **If you have any questions regarding your personal trainer or your training experience at Falling Springs Center, please contact Tefany Bleuel (Fitness/Aquatics Manager) at [tbleuel@vwcparksrec.com](mailto:tbleuel@vwcparksrec.com) or at 859.873.5948.**

***THIS PAGE IS YOURS TO KEEP!***