



ASBURY
theological
SEMINARY

Personal Training Request Form

Date Submitted: ____ / ____ / ____

Please submit to fitness@asburyseminary.edu or the Student Center Front Desk Staff

Contact Information:

Name: (First) _____ (Last) _____

Age: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Address: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

I am an:

☐ ATS Student ☐ ATS Spouse ☐ Faculty ☐ Staff ☐ Student Center Community Member ☐ Other _____

1. How did you hear about Asbury Seminary Certified Personal Training Services?

2. What days would be best for scheduling Personal Training sessions?
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
3. What times of day work best for your Personal Training sessions?
☐ Early Morning (6am-8am) ☐ Early Afternoon (1pm-3pm)
☐ Morning (8am-11am) ☐ Late Afternoon (3pm-5pm)
☐ Lunchtime (12noon-1pm) ☐ Evening (after 5pm)
4. How much time are you willing to devote to an exercise program?
_____ minutes/day _____ days/week
5. Do you have a preference for a specific trainer?
☐ N/A ☐ Male ☐ Female Trainer: _____
6. How often would you like to meet with a personal trainer?
☐ weekly ☐ bi-weekly ☐ monthly
7. For what duration do you expect to work with a personal trainer?
☐ consultation only ☐ 1-2 months ☐ 3-6 months ☐ 6 months +
8. On a scale of 1-10, How important to you are your fitness/health goals?
☐ 1 (not important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (top priority)

Questions & Comments for your trainer?



Health History Inventory

(Long Version)

Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional. All of your responses will be treated in a confidential manner.

Name _____ Date _____

Age _____ Sex ☐ M ☐ F

Physician's Name _____

Physician's Phone (_____) _____

Person to contact in case of emergency:

Name _____ Phone _____

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. History of heart problems, chest pain, or stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Elevated blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any chronic illness or condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty with physical exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Advice from physician not to exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recent surgery (last 12 months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pregnancy (now or within last 3 months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of breathing or lung problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Muscle, joint, or back disorder, or
any previous injury still affecting you | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Diabetes or thyroid condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Cigarette smoking habit | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Obesity (BMI ≥ 30 kg/m ²) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Elevated blood cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. History of heart problems in immediate family | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Hernia, or any condition that may be aggravated
by lifting weights or other physical activity | <input type="checkbox"/> | <input type="checkbox"/> |

Exercise History and Attitude Questionnaire

Name _____ Date _____

General Instructions:

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?

☐ Yes ☐ No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

☐ Yes ☐ No If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

☐ Yes ☐ No If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

☐ Yes ☐ No

7. How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

☐ Yes ☐ No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program

(circle the number):

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

9. How long have you been exercising regularly?

_____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day?

☐ Yes ☐ No

12. Would an exercise program interfere with your job?

☐ Yes ☐ No

13. Would an exercise program benefit your job?

☐ Yes ☐ No

14. What types of exercise interest you?

☐ Walking

☐ Jogging

☐ Strength training

☐ Cycling

☐ Traditional aerobics

☐ Racquet sports

☐ Stationary biking

☐ Elliptical striding

☐ Yoga/Pilates

☐ Stair climbing

☐ Swimming

☐ Other activities

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? _____

Use the following scale to rate each goal separately:

Not at all important

Somewhat important

Extremely important

1

2

3

4

5

6

7

8

9

10

a. Improve cardiovascular fitness

b. Lose weight/body fat

c. Reshape or tone my body

d. Improve performance for a specific sport

e. Improve moods and ability to cope with stress

f. Improve flexibility

g. Increase strength

h. Increase energy level

i. Feel better

j. Enjoyment

k. Social interaction

l. Other

16. By how much would you like to change your current weight?

(+) _____ lbs (-) _____ lbs



Waiver and Release

I, _____, through the purchase of training sessions, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of _____ (hereafter referred to as Fitness Professional/Facility). I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have provided verification from a licensed physician that I am able to undertake a general fitness-training program.

I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the trainer. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorders in heartbeat, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Fitness Professional/Facility. I will assume any additional expenses incurred that go beyond my health coverage. I will notify the Fitness Professional/Facility of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

Fitness Professional/Facility or I will provide the equipment to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items. I represent and warrant any and all equipment I provide for training sessions is for personal use only. Fitness Professional/Facility has not inspected my equipment and has no knowledge of its condition. I understand that I take sole responsibility for my equipment. I acknowledge that although Fitness Professional/Facility takes precautions to maintain the equipment, any equipment may malfunction and/or cause potential injuries. I take sole responsibility to inspect any and all of my or the Fitness Professional/Facility's equipment prior to use.

Although Fitness Professional/Facility will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. In consideration of the acceptance of this entry, I, for myself and for my executors, administrators, and assigns, waive and release any and all claims against Fitness Professional/Facility and any of their staffs, officers, officials, volunteers, sponsors, agents, representatives, successors, or assigns and agree to hold them harmless from any claims or losses, including but not limited to claims for negligence for any injuries or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Fitness Professional/Facility.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF FITNESS PROFESSIONAL/FACILITY.
I HEREBY AFFIX MY SIGNATURE HERETO.

Client's name (please print clearly) Date: _____

Client's signature

Client's address

Parent/guardian signature (if applicable) Date: _____

Trainer's signature Date: _____

Note: This document has been prepared to serve as a guide to improve understanding. Personal trainers should not assume that this form will provide adequate protection in the event of a lawsuit. Please see an attorney before creating, distributing, and collecting any agreements to participate, informed consent forms, or waivers.