



Personal Training Request Form

Date: _____

Name: _____ Age: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Home): _____ Phone Number (Cell): _____

Number of days per week that you would like to work out with your trainer: _____

What days are you available to meet with your trainer? _____

What time of day can you meet with your trainer? _____

Do you prefer your trainer to be (circle one): Male Female No Preference

I am interested in (circle all that apply):

Weight Loss	Strength Training	Flexibility	Endurance
Sports Training	Motivation	Body Building	Weight Gain
Weight Maintenance	Other		

Give a brief explanation regarding your goals and reasons for inquiring about Personal Training and any specific questions or concerns you may have: _____

Please read and sign the back of this form.

This form must be signed and accompanied by a receipt when submitted.

Training sessions are paid for in advance.

Failure to cancel an appointment within a 24 hr notice will result in loss of that appointment.

Expiration/Refund Policy: Individuals registering for personal training

must complete all package sessions within 12 months of date of purchase.

Refunds are only allotted for medical reasons, medical forms required with refund request form.

If you have questions or need more information, call Bill Kole at 609.581.9622 ext 101.

Informed Consent/Liability Waiver Agreement

I, the undersigned realize that there may be medical risks associated with physical exercise, the use of this facility, use of equipment within the facility, or programs outside of the facility sponsored by the Hamilton Area YMCA. I also recognize that the Hamilton Area YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation programs, to the use of the facilities or use of equipment within the facility. I the undersigned therefore assume all responsibility for having a thorough medical exam performed, by a medical practitioner including but not limited to, as they pertain to limitation on exercise, participation in Hamilton Area YMCA programs and use of Hamilton Area YMCA facilities or equipment within YMCA facilities.

Furthermore, in consideration of my/our participation in the activities of the Hamilton Area Young Men's Christian Association, we do hereby agree to hold free from any and all liability the Hamilton Area YMCA and its respective officers, and employees and members, including but not limited to their own negligence and do hereby for myself/ourselves, heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to my arising out of or connected with my participation in any of the activities of the Hamilton Area YMCA, use of its facilities, or use of equipment with its facilities.

The Hamilton Area YMCA reserves the right to photograph or film any member, participant and use said pictures or film for any form of advertising or promotion as deemed appropriate.

I, the undersigned have read, understand and agree to all of the above.

Signature of Participant

Date