



Welcome to the Mountain Park HOA Personal Training Program –

We are so excited you have made the decision to pursue your fitness goals with the support of one of our Certified Personal Trainers at Mountain Park.

You will find everything you will need to get started with your Personal Trainer included in this packet. Please complete all of the forms attached at your earliest convenience. While it is helpful for your Personal Trainer to have as much information as possible, in order to develop a personal program tailored to your specific needs, you are not under any obligation to provide information you do not feel comfortable sharing. As soon as they have been completed, return them to the Fitness Manager at the Clubhouse at Mountain Park.

Once we have your paperwork, you can expect to be contacted by your Personal Trainer within ten business days to arrange your first Personal Training appointment, and to determine which Personal Training package will align best with your goals.

If you have any questions or concerns, please do not hesitate to contact the Mountain Park Fitness Manager, at 503-635-3561.

We are so happy to be a part of your fitness journey!

Thank you –

Mountain Park Fitness Manager



PERSONAL TRAINING SESSION AVAILABILITY

Participant Name _____ Member: Y N

E-Mail Address: _____ Preferred Phone Number: _____

What is your preferred form of contact? Text Phone E-Mail

Do you prefer a male or female personal trainer? Male Female No Preference

Are you purchasing sessions today? Yes No

AVAILABILITY

What day(s) and time(s) of the week are you normally available to meet with a personal trainer?

Please x-out all of your available times to best fit you with a personal trainer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00am						
9:00am						
10:00am						
11:00am						
12:00pm						
1:00pm						
2:00pm						
3:00pm						
4:00pm						
5:00pm						
6:00pm						
7:00pm						

RATES

MEMBER		NON-MEMBERS		SMALL GROUP TRAINING			
30 MINUTE SESSIONS <ul style="list-style-type: none"> • 1 Session = \$45 • 3 Sessions = \$126 • 5 Sessions = \$205 • 10 Sessions = \$400 		30 MINUTE SESSIONS <ul style="list-style-type: none"> • 1 Session = \$50 • 3 Sessions = \$141 • 5 Sessions = \$230 • 10 Sessions = \$450 		MEMBER 1 HOUR SESSIONS WITH 2-4 PEOPLE <ul style="list-style-type: none"> • 1 Session = \$80 • 3 Sessions = \$231 • 5 Sessions = \$380 • 10 Sessions = \$750 		NON-MEMBER 1 HOUR SESSIONS WITH 2-4 PEOPLE <ul style="list-style-type: none"> • 1 Session = \$90 • 3 Sessions = \$261 • 5 Sessions = \$430 • 10 Sessions = \$850 	
1 HOUR SESSIONS <ul style="list-style-type: none"> • 1 Session = \$60 • 3 Sessions = \$170 • 5 Sessions = \$280 • 10 Sessions = \$550 		1 HOUR SESSIONS <ul style="list-style-type: none"> • 1 Session = \$65 • 3 Sessions = \$186 • 5 Sessions = \$305 • 10 Sessions = \$600 		Flat rate for the whole group.		Flat rate for the whole group.	



PERSONAL TRAINING CLIENT AGREEMENT

Participant Name _____
FIRST LAST

Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Work/Other Phone: _____

CLIENT AGREEMENT

In consideration of my being able to participate in the Mountain Park Personal Training Program, I understand that I must purchase a single or package of training session(s) and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability, and personal training policies and procedures.

I understand that the program is voluntary and that a Personal Trainer will develop and guide me through my exercise program. I will be required to undergo a graduated exercise test (fitness evaluation) to assess my present level of fitness. I represent that I will complete the Lifestyle Questionnaire and any other health history form accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program if my medications, condition, or medical limitations should change, I will notify the Trainer. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I understand that a Trainer will review my Lifestyle Questionnaire and any other health history form but that a Trainer is not a physician and cannot replace the advice and expertise of a physician.

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Trainer of any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training) all of which increase heart rate and body temperature.

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

I do hereby waive, release and forever discharge to Mountain Park Home Owners Association from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

PERSONAL TRAINING POLICIES AND PROCEDURE

- Package sessions are non-refundable.
- Package sessions must be paid in full and are scheduled at the time of sign-up.
- Package sessions must be used within six months of the purchase date.
- Client must give 24 hours advanced notice, less than 24 hours or a no-show will result in a charge to the package session. **I AGREE AND UNDERSTAND. INITIAL HERE** _____.
- Lifestyle Questionnaire, Par-Q (if applicable), Physician Approval (if applicable), and Personal Training Agreement must be completed, signed, and on file prior to the beginning of the first session.
- Training sessions will begin promptly at the time specified by the client and trainer and end 30-minutes to one hour from that specified time. **I AGREE AND UNDERSTAND. INITIAL HERE**_____.

WAIVER

I declare that I have read, understand and agree to the contents of this Personal Training Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Personal Training Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Oregon and agree that if any portion is held invalid, the remainder will continue in full force and effect.

In participating in all personal training programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I further acknowledge that I have the physical capacity reasonably necessary to engage in these activities for which I have enrolled. In case of emergency, accident, or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I give permission to Mountain Park Home Owners Association Staff to release any records necessary for insurance purposes and to health care providers; and provide or arrange necessary related transportation. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney fees arising out of or resulting from their participation in recreation programs. This completed form may be photocopied.

I understand and agree to the contents above

Participant Name (Printed) _____

Participant Signature _____

Date: _____



HEALTH HISTORY QUESTIONNAIRE

Name: _____ M F N

Address: _____

Local Phone: _____ Email: _____

Birthdate: ____/____/____ Age: _____

Please check all conditions you currently have or have had in the past:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Asthma | <input type="checkbox"/> Stroke | <input type="checkbox"/> Chest discomfort |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Migraine or headache | <input type="checkbox"/> Neck problems |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swelling or joints |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Recent surgery (last 12 months) | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Anxiety or depression | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> History of heart problems immediate family | | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Limited range of motion | | | |

Please explain any conditions that you checked (i.e. treatment, symptoms, restrictions):

Do you have any injuries or orthopedic problems (bursitis, bad back, etc.)? Yes No

If yes, please explain:

Are there any other medical conditions or problems (past or present) not previously mentioned in this form that we should know about, or that may affect your ability to begin an exercise program? If yes, please explain:

Exercise History & Goals

Check all that apply:

- I currently exercise.
- I do not currently exercise and have never exercised regularly in the past
- I used to be active but am not anymore. I would like to become active again.

If you do currently exercise, list those activities in which you participate and how much time you spend per week.

If you do not currently exercise, why not? (perceived barriers, unsure of what to do, etc.)

List any exercise, sport, or recreation activities in which you have participated:

a. In the past 6 months: _____

b. In the past 5 years: _____

How hard do you want to be pushed during exercise? (1 = easy, 5 = really hard)

1

2

3

4

5

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

Minutes per day: _____ Days per week: _____

Please use the following scale to answer questions:

Rate the importance of each of the following exercise benefits to you:

- | | |
|--|--------------------------------|
| ___ Improve cardiovascular fitness | ___ Increase muscular strength |
| ___ Body fat/weight loss | ___ Reshape or tone my body |
| ___ Improve performance for a specific sport | ___ Improve mood/feel better |
| ___ Improve speed, agility, and power | ___ Improve flexibility |
| ___ Improve balance | ___ Increase energy |
| ___ Enjoyment | ___ Social interaction |
| ___ Decrease stress | ___ Other _____ |

Rate your interest in each of the following types of physical activity:

- | | | | |
|---------------------------|----------------------------|----------------------|------------------|
| ___ Weight Machines | ___ Free Weights/Dumbbells | ___ Cardio Equipment | ___ Cycling |
| ___ Group Fitness Classes | ___ Running | ___ Swimming | ___ Team Sports |
| ___ Walking | ___ Yoga | ___ Dance | ___ Martial Arts |
| ___ Other _____ | | | |

Please write down your primary health/fitness goal for the next:

a. 1 month: _____

b. 1 year: _____