



AUBURN®

CAMPUS RECREATION

## Pilates Private Session Policies and Procedures

**Welcome:** Thank you for your interest in Pilates private sessions at Auburn University. You have taken the first step towards better overall health! We thank you for allowing our Campus Recreation Pilates instructors to be your guides. Our staff is dedicated to helping you reach your goals by promoting healthy, lifelong fitness behavior! Before you begin with your Pilates instructor, please read this packet in its entirety and complete all applicable forms. These forms are an important means for us to help you reach your goals safely and effectively. Congratulations on taking the next step to achieving a healthier you!

**Payment policy:** Campus Recreation charges a fee for services rendered by Pilates instructors. All services can be purchased anytime throughout the year at the Campus Recreation main office located on the 3rd floor in the Recreation and Wellness Center or via [Auburn University Online Payment Portal](#). Payment must be received before sessions are scheduled. Paying a Pilates instructor directly is strictly prohibited; all membership privileges will be terminated immediately.

**Expiration policy:** Pilates private sessions packages expire 120 days from the date of purchase. Pilates private sessions are void after this time period. Pilates private sessions packages are non-refundable (see refund policy) and non-transferable.

**Refund policy:** Pilates private sessions packages are non-refundable except in cases of: termination of university employment; formal leave of absence and sabbaticals (documentation required); changes in medical condition resulting in physical limitations (physician letter required).

**Late policy:** If you arrive more than 15 minutes late for a scheduled appointment, forfeiture of the session will result and the Pilates instructor has the right to leave the premises. All sessions are scheduled for 60 minutes and end one hour from the scheduled start time.

**Cancellation policy:** If you must cancel or reschedule a private session, please notify your Pilates instructor by phone and/or email at least 24 hours in advance of the scheduled private session. Pilates private sessions not rescheduled or canceled at least 24 hours in advance by a client will result in forfeiture of the session.

**Registration policy:** The completed Pilates private session registration packet (along with payment) must be received before your session is scheduled with a certified Pilates instructor. The completed registration packet can be returned either by email or to the Campus Recreation main office. Upon receipt of these materials, a member of our staff will contact you via email and/or phone within 72 hours to schedule your initial appointment.

**\*\*Please retain this page for your records.\***

# Medical Health History Questionnaire

This form is not a substitute for a thorough physical examination, assessment, and/or diagnosis by your physician. It is designed to identify and understand potential issues that may arise due to an increase in physical activity. The Auburn University Lifetime Wellness & Fitness team strongly recommends that each client undergo a medical examination before beginning any exercise program. All information provided on this form is personal and confidential and will not be released to anyone except your referring physician without your written consent. The information you provide will enable us to better understand you and your health and fitness habits.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_@auburn.edu Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Auburn Affiliation:  Faculty/Staff  Student  Fr  So  Jr  Sr  Grad  Retiree  Spouse/Partner

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## I. Personal Fitness Goals & Exercise History

1. Please indicate your personal health and fitness goals: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Reduce Body Fat & Lose Weight                 | <input type="checkbox"/> Weight Gain                       | <input type="checkbox"/> Better Balance & Mobility      |
| <input type="checkbox"/> Increased Confidence & Energy                 | <input type="checkbox"/> Improve Stamina & Flexibility     | <input type="checkbox"/> Improve Nutrition              |
| <input type="checkbox"/> Build Lean Muscle Mass                        | <input type="checkbox"/> Muscular Strength                 | <input type="checkbox"/> Improve Cardiovascular Fitness |
| <input type="checkbox"/> General Health & Fitness                      | <input type="checkbox"/> Reduce Blood Pressure/Cholesterol | <input type="checkbox"/> Reshape Body                   |
| <input type="checkbox"/> Enhance Work, recreation & Sports Performance | Other: <input type="checkbox"/> _____                      |   |

Please tell us more about your specific short and long term goals for exercise, health, and fitness:

## 2. Exercise history

Yes No

Do you currently exercise? If yes, how many times per week? \_\_\_\_\_

If no, have you exercised in the past?

Have you ever worked with a fitness professional before?

If you currently exercise, what exercise activities does your workout program include?

## II. Signs and symptoms

3. Have you ever experienced any of the following: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Pain, discomfort, tightness or numbness in the chest, neck, jaw or arms | <input type="checkbox"/> Dizziness or Fainting     |
| <input type="checkbox"/> Shortness of breath at rest or with mild exertion                       | <input type="checkbox"/> Ankle Swelling            |
| <input type="checkbox"/> Difficult, labored or painful breathing during the day or night         | <input type="checkbox"/> Rapid pulse or heart rate |
| <input type="checkbox"/> Unusual shortness of breath or fatigue with usual activities            | <input type="checkbox"/> Claudication (Cramping)   |
| <input type="checkbox"/> Heart murmur and/or palpitations  | <input type="checkbox"/> Back Pain                 |
| <input type="checkbox"/> Severe headaches  | <input type="checkbox"/> Orthopedic problems       |

If you checked any of the above conditions, you must explain below:

## III. Medical diagnoses

4. Have you ever been diagnosed with, or suffered from: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Heart attack/heart disease | <input type="checkbox"/> Other Cardiac Surgery |
| <input type="checkbox"/> Coronary bypass            | <input type="checkbox"/> Pacemaker             |
| <input type="checkbox"/> Stroke                     | <input type="checkbox"/> Embolism              |
| <input type="checkbox"/> Aneurysm                   | <input type="checkbox"/> Angina Pectoris       |
| <input type="checkbox"/> Angioplasty                | <input type="checkbox"/> Phlebitis             |

If you checked any of the above conditions, you must have **medical clearance** prior to exercising. Please give details:

5. Have you ever been diagnosed with, or do you have any of the following: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic bronchitis  | <input type="checkbox"/> Peripheral vascular disease   |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Osteoporosis                  |
| <input type="checkbox"/> Osteopenia          | <input type="checkbox"/> Emphysema                     |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Hypertension (>140/90 mmhg)   |
| <input type="checkbox"/> Thyroid problems    | <input type="checkbox"/> High cholesterol (>200 mg/dl) |
| <input type="checkbox"/> Emotional disorders | <input type="checkbox"/> Eating disorders              |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Swelling of joints            |

If you checked any of the above conditions, please explain below:

#### IV. Major risk factors

6. Please answer all of the following questions:	Yes	No	Unsure
Are you a male over the age of 45 or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female over the age of 55 who has had a hysterectomy or is postmenopausal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your father or brother experienced a heart attack before age of 55?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your mother or sister experience a heart attack before age of 65?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have impaired fasting glucose (diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you take insulin? What year was the diagnosis? _____			
Do you have high cholesterol (>200ml/dl)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever told you that you might have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently smoke or have you smoked in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sedentary lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are a man over the age of 45 or a woman over the age of 55 or if you answered "yes" to two (2) or more of the above major risk factors, it is recommended that you receive a **physician's clearance** before beginning your exercise program.

#### V. General

7. Please tell us more about you:	Yes	No
Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on a special diet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a recent surgery in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have seasonal allergies and/or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>

Do you take ergogenic aids, diet supplements, vitamins, minerals, etc.?

8. Please list any medications you are currently taking including but not limited to prescriptions, allergy medications,

Do you have allergies to any foods or medications?

Medication (supplement): \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication (supplement): \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication (supplement): \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication (supplement): \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_

I understand this medical health history questionnaire has been provided for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician and seek his or her approval prior to beginning an exercise program. I understand the information I have provided will be maintained in my personal file for use in case of a medical emergency. My signature signifies that all of the above is true, to the best of my knowledge. Any information left unanswered was done so intentionally. If any of the above information changes, i agree to submit these changes in writing to the coordinator, personal training to update my personal training file.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fitness staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Staff Use Only</b>	Classification:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Comments: _____				
_____				
_____				

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 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 and 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	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

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 appraisal. 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 for you.

## NO to all questions

If you answered NO honestly to all PAR-Q 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 appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



### DELAY BECOMING MUCH 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; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



# Release and waiver of liability and indemnity agreement

In consideration of being permitted to participate in a fitness assessment, fitness programs, and/or personal training sessions, which may consist of warm-up, flexibility activities, cardiorespiratory endurance activities, muscular strength and endurance activities, body composition assessments, nutrition assessment, nutrition analysis, and/or nutrition consultation provided by the lifetime wellness & fitness program at auburn university. I, \_\_\_\_\_, the undersigned:

- 1) Hereby releases, waives, discharges and covenants not to sue auburn university, its board of trustees, officers, employees, agents, promoters, other participants, operators, trainers, sponsors and advertisers involved in said fitness assessment, fitness program, and/or personal training sessions, all for the purposes herein referred to as "releasee", from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasee or otherwise while the undersigned is participating in any or all of the aforementioned activities.
- 2) Hereby agrees to indemnify and save and hold harmless the releasee and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon any area or in any way participating in the aforementioned activities whether caused by the releasee or otherwise.
- 3) Hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasee or otherwise while in or upon the facilities of auburn university and while participating in any aforementioned activity.
- 4) I understand that i must have individual health insurance equal to or greater than the insurance offered by the auburn university student government association, to participate in auburn university health/wellness/fitness programs.
- 5) I expressly acknowledge and agree that the activities could be dangerous and involve risk of serious injury and/or death. I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the province or state in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made. By signing this document, i hereby acknowledge that i am at least 19 years of age and have read the above carefully before signing, and agree with all of its provisions this

\_\_\_\_\_ Day of \_\_\_\_\_, 201\_\_\_\_\_.

Participant signature

Parent/Guardian (if participant is under 19 years of age)

\_\_\_\_\_

\_\_\_\_\_

Signature of witness (fitness staff)

\_\_\_\_\_