



### REQUIREMENTS:

- Auburn University student, faculty or staff
- Physician clearance/PAR Q
- Completed registration form
- 3 day food log prior to nutritional assessment
- Nutritional Assessment
- Weekly weigh ins
- Attend @ least 2 semi-private PT sessions/week
- 1 day of exercise on own
- Weekly exercise log
- Weekly food journal
- \$195 for students, \$225 for members \$375 for non-members

### IMPORTANT DATES:

- Registration  
Begins November 28
- Kick-Off Meeting  
January 29 at 3 p.m.
- Program Dates  
January 30 - April 21
- Dr. Brandy Smith  
Successfully Making Changes  
TBD
- Initial Assessments  
January 23-27
- Mid-Point Assessments  
March 6-10
- Final Assessments  
April 17-21
- Cooking Workshops  
February 20 at 5:30 p.m.
- April 6 at 5:30 p.m.

### HOW DO I PARTICIPATE IN AUBURN STRONG?

Register and pay on the Auburn University website through the RWC portal

1. Complete the registration packet which includes:

- questionnaire and Par Q
2. Sign up for initial assessment and nutritional assessment

### PROGRAM INCLUDES:

- 2- One on One nutritional assessments with Registered Dietician/Dietetic Intern
- 2 semi-private training sessions per week
- Fitness Assessment (initial, midpoint & final)
- Weekly weigh-ins
- Group Fitness Pass
- 2 cooking classes with Executive Chef, Emil Topel and his assistants in Tiger Dining.
- Grocery Store Tour
- 2 presentations/workshops with counseling services on behavior change

### CHALLENGE WINNERS:

- 1st and 2nd Place for % body weight lost and total inches lost

### PRIZES:

- Personal Training Package
- Nutritional Assessment



## AUBURN STRONG

SOUND BODY. SOUND MIND.

PARTICIPANT QUESTIONNAIRE:		
First Name:	Last Name:	M.I.:
Work Phone:	Home Phone:	
Mobile Phone:		
Address:		
City:	State:	Zip:
Date of Birth (xx/xx/xxxx):	Email:	
Gender:    ___ Male    ___ Female	Height:	Weight:
Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff		
Referral: <input type="checkbox"/> Self <input type="checkbox"/> Clinician <input type="checkbox"/> Instructor <input type="checkbox"/> Friend <input type="checkbox"/> Other		
T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Physician's Name:	Physician's Phone:	
Emergency Contact:	Relationship:	
Phone:	Mobile:	



## INFORMED CONSENT FOR PARTICIPATION

### 1) OBJECTIVE OF THE FITNESS ASSESSMENT

In order to permit the Lifetime Wellness & Fitness staff of the Auburn University Campus Recreation Department to design an exercise program appropriate for my current level of fitness, I hereby consent, voluntarily, to a fitness assessment. I understand that the tests that will be administered to me are for the purpose of determining my physical fitness status, and may include the measurement of my body composition, cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and static and dynamic posture. We now have the MicroFit HealthWizard Suite! MicroFit is the latest technology in fitness and wellness assessment software. This comprehensive program can identify our clients' health risks, assess fitness status, identify appropriate health improvement programs and track all outcomes. With all fitness assessments, clients will receive a print out to keep as a record.

### 2) EXPLANATION OF THE ASSESSMENT

#### **Body Composition Assessment**

Based on your specific goals, you may perform one or more of the following tests to determine your body composition. One method involves the use of Bioelectrical Impedance Analysis to determine your percentage of body fat. Skinfolds may also be taken to determine your percentage of body fat based on a 7-site test. Circumference measurements will also be used for some participants. These measurements are used to determine the girth of body segments.

#### **Cardiorespiratory Endurance Assessment**

You will perform a sub-maximal treadmill test on a motorized treadmill. The exercise intensity will

begin at a low level and will be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or when you have reached 85% of your predicted maximum heart rate. It is important that you realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

#### **Muscular Strength and Endurance Assessment**

Based on your specific goals, you may perform one or more of the following tests to determine your muscular strength and/or endurance. There are three tests that assess muscular endurance which include the push-up, sit-up and curl-up tests. The push-up and sit-up tests are maximum repetition assessments based on a one-minute time limit. The curl-up test is a 20 repetitions per minute test based on a metronome cadence. The right and left hand grip strength test will be used to measure muscular strength. The vertical jump test will be used to assess lower body muscular strength and power.

#### **Flexibility Assessment**

You will perform a sit and reach test to assess the flexibility of your hamstring and lower back muscles.

#### **Static and Postural Assessments**

As part of the assessment you will perform two tests to assess your static and dynamic posture. Static posture will be assessed through the use of a plumb line and/or AlignaBOD. We will observe your body position from three views: anterior, lateral and posterior. For dynamic posture, you will perform a Functional Movement Screen that consists of seven movement patterns to determine muscle imbalances, asymmetries and compensations.

### **Nutrition Assessment**

You will submit a 3-day dietary recall for analysis. A Registered Dietician and dietetic interns will make recommendations.

### **Personal Training**

You will be participating in a moderate to vigorous exercise program designed to improve your flexibility, balance, muscular strength and endurance and aerobic endurance.

### **3) DESCRIPTION OF POTENTIAL RISKS AND DISCOMFORTS**

There exists the possibility of certain changes occurring during the fitness assessment. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Depending upon your level of conditioning you can expect some post exercise muscle soreness. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during the assessment. Emergency procedures and trained personnel are available to deal with unusual situations that may arise.

### **4) RESPONSIBILITIES OF THE PARTICIPANT**

Information that you possess about your health status or previous experiences of unusual feelings

with physical effort may affect the safety and value of your fitness assessment. Your prompt reporting of feelings with effort during the assessment itself is also of great importance. You are responsible for fully disclosing such information when requested by the staff members performing the assessment.

### **5) BENEFITS TO BE EXPECTED**

The results obtained from the fitness assessment may assist in evaluating the type of physical activity you might do with low risk. It will also provide baseline data with which to compare future assessment results to determine the effectiveness of your fitness program.

### **6) INQUIRIES**

Any questions about the procedures used in the exercise or nutrition programs are encouraged. If you have any concerns or questions, please ask us for further explanations.

I have read this form, and I understand the procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this activity.

**By signing below I verify that I have read and understand the PROGRAM POLICIES AND PROCEDURES form received with this Personal Training Registration Packet.**

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Signature

Date

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

Date

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Signature of witness (fitness staff)

Date

## 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

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Participant signature

Date

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

Date

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Signature of witness (fitness staff)

Date