

# Personal Training Registration

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

	1-9 Sessions	10 or more Sessions*	Number of Sessions	Fee
<b>Individual</b>	\$45/\$50 per session	\$40/\$44 per session		\$
<b>Group (2-3 people)</b>	\$35/\$39 per person per session	\$30/\$33 per person per session		\$
<b>TOTAL FEES</b>				<b>\$</b>

\*Must be purchased in a single transaction. Pricing for 10 or more sessions is per person and cannot be split between individuals.

Initial \_\_\_\_\_ **PERSONAL TRAINING POLICIES**

Personal Training sessions will be arranged on a first come, first serve basis. To arrange a session, please visit the Front Desk of the Community Activity Center (CAC), complete the Personal Training form, and make payment. An instructor will call to arrange your first session. Days and times are arranged on individual availability. Each session is sixty minutes in length. All sessions must be completed within twelve months of purchase. After the twelve month period is up, the sessions are void. Cancellations made less than 24 hours in advance will not be rescheduled and will result in loss of 1 session. Cancellations made 24 hours in advance will be rescheduled. To cancel or reschedule a session, please call your Personal Trainer or the Programs Coordinator at 972.874.6281. Please allow 72 hours for completion of paperwork and for arrangement of personal training sessions.

\_\_\_\_\_ **PERMISSIONS**

I authorize the Town of Flower Mound to take photographs or video footage of me during my use of the CAC services and facilities. I agree that any photos and video footage taken during my use of the CAC services and facilities are the property of the Town and for the sole use of the Town as it may desire. I further specifically authorize the use of any photographs or video footage taken during my use of the CAC services and facilities in any Town publications, on Flower Mound Television, or on an official Town website. For more information, please contact the Town at 972.874.6300 or cac@flower-mound.com.

\_\_\_\_\_ In case of accident, injury or sudden illness, I authorize and consent to any first-aid or emergency medical care that becomes necessary to be administered to me during my use of the CAC services and facilities. I also authorize my transport to a local medical facility.

\_\_\_\_\_ I have read and agree to follow the rules and regulations as outlined in the Member Handbook of the Community Activity Center, including the Center Guidelines, Rules, and Policies.

\_\_\_\_\_ **PAYMENT TERMS**

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency.

\_\_\_\_\_ **RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

In consideration of the use and availability of the CAC services and facilities, I agree to release, waive, and discharge any and all claims and damages for personal injury, death, or property damage that I have and that may hereafter accrue to me due to my use of the services and facilities. This agreement is intended to discharge, in advance, the Town of Flower Mound, Texas (Town), including its officers, employees, agents, co-sponsors or volunteers, from any and all liability that may arise from my use of the services and facilities, even if that liability arises out of negligence or carelessness on the part of the Town, or its officers, employees, agents, co-sponsors or volunteers. I further agree to indemnify and hold harmless the Town, including its officers, employees, agents, co-sponsors or volunteers, from, against, and for any claims, suits, judgments, proceedings, losses, liabilities, damages, or expenses arising out of any injury, death or property damage that occurs while using the services and facilities, even if the injury, death or property damage arises out of the sole negligence of the Town, or its officers, employees, agents, co-sponsors or volunteers. I understand that the use of the services and facilities involves an element of risk and that there is a real potential for injuries or accidents. Knowing and understanding those risks, I hereby agree to assume those risks. I further agree that this agreement to waive and release the Town from liability, to indemnify and hold harmless the Town, and to assume the risks of using the services and facilities is to be binding on my heirs and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I UNDERSTAND THAT THIS IS A BINDING CONTRACT BETWEEN THE TOWN OF FLOWER MOUND AND ME.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



Please write requested trainer, day(s), and time range(s):

Requested trainer: (Circle one) Male or Female

Requested day(s): \_\_\_\_\_

Requested time(s): \_\_\_\_\_

If applicable, please briefly describe any fitness goals you would like to achieve:

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**Health Risk Appraisal Questions:** This information is confidential and used to assess possible risk factors during exercise. Are you currently under the care of a Doctor? If yes, for what? \_\_\_\_\_

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Do you now, or have you in the past, experienced any of the following:

Chest Pain	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Muscle Injury	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Joint Injury	<input type="checkbox"/>	Do you smoke?	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Nutrition Disorder	<input type="checkbox"/>
Bursitis	<input type="checkbox"/>	Tendonitis	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Currently Pregnant?	<input type="checkbox"/>
Low Back Pain	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Other:			<input type="checkbox"/>

If you checked ANY of the above, please explain below.

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ (cell/home/work) \_\_\_\_\_ (cell/home/work)

You will receive a call from your personal trainer to discuss and schedule your session(s). If you do not receive a call within 3 business days of submitting this form to the CAC front desk, please contact Shelby Griffin, Programs Coordinator, at 972-874-6281.

Thank you for choosing the CAC for your fitness needs!

