

PERSONAL TRAINING RENEWAL REQUEST FORM

Return to the UREC Main Office located in HPER 225. Payment must be received at the time of registration. Participants must be actively training with a UREC personal trainer with no more than a one month break in training.

Name: _____ ID #: _____ Date of Birth: _____

Phone #: _____ Email: _____

Preferred method of contact: Phone Email

Current Trainer: _____ Keep the same OR New Trainer Preference: _____

Date and Time Preference: Keep the same OR

List new date and time preference: _____

Has there been any change to your medical history? No Yes

If yes, please list: _____

Renewal Package

Service Name	Student	Student Pair	Student Trio	UREC Member	UREC Member Pair	UREC Member Trio	
Individual Sessions (Personal Training)	() \$28	() \$40	() \$54	() \$32	() \$44	() \$58	Qty: _____
Individual Sessions (Mind/Body Format)	() \$28	() \$40	() \$54	() \$32	() \$44	() \$58	Qty: _____
Fitness Assessment	() \$25			() \$35			
Fitness Center Orientation	() complimentary						

Participation Agreement

I understand the refund policies of the University Recreation Personal Training program: All sessions must be used within 6 months of purchase. Sessions held 6 months after purchase will become void. Any sessions that remain unused for any reason will not be refunded. Cancellations **not** made 24-hours in advance of the scheduled session will be forfeited by the client. UREC does not refund for programs affected by restricted parking.

_____ **(Initial here)**

I certify that I have signed and read the personal training original package including medical history and agree here that there are no changes to my health as it was previously stated. In consideration of being permitted to participate in fitness programs and personal training sessions, which may consist of warm-up, flexibility activities, cardio respiratory activities, muscular strength and endurance activities, and fitness assessments: I have volunteered to participate in a program of progressive physical exercise. I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for accepting such exercise and assistance.

Participant Signature: _____ **Date:** _____