



**Des Moines Area Community College Employee Wellness Program  
Participant Release and Knowledge of Agreement to Participate in Personal Training**

1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by DMACC Wellness. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently I have been examined and released by a physician of my choice if the situation warranted. I agree that DMACC Wellness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors, at the DMACC recreation and wellness center, or at a corporate, commercial, residential, or other fitness facility) and I expressly release and discharge DMACC Recreation and Wellness, its owners, employees, agents and/or assigns, from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only as injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon heirs, executors, administrators and assigns.

**I have read and understand this term: \_\_\_\_\_ (initial)**

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and going on, which may affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_ (initial)**

3) I understand that I am not obligated to perform nor participate in any difficult activity that I do not wish to do, and that is my right to refuse such participation at any time during my personal training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_ (initial)**

4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term: \_\_\_\_\_ (initial)**

5) I understand that all personal training rates are based on 50 minute sessions (excepting specialty programs) and should I arrive late, there is no guarantee that I

will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

**I have read and understand this term: \_\_\_\_\_ (initial)**

6) I understand that the DMACC Wellness bills its Personal Training clients on a pre-day basis. Once my trainer and I have decided upon the number of sessions I will purchase, payment must be made payable to "DMACC Wellness". I understand that all Personal Training sessions must be rendered within one year of purchase.

**I have read and understand this term: \_\_\_\_\_ (initial)**

7) I understand that the DMACC Wellness operates on a scheduled appointment basis and thus, requires that I provide a minimum of 12 hours notice when canceling an appointment. No charge will be levied should I cancel with more than 12 hours notice given.

**I have read and understand this term: \_\_\_\_\_ (initial)**

8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

**I have read and understand this term: \_\_\_\_\_ (initial)**

9) I understand that the usage of any nutritional supplements is done under my own will has not been forced upon me by my Personal Trainer. I will not hold my Personal Trainer or DMACC Wellness liable for any damages ensued by nutritional supplements.

**I have read and understand this term: \_\_\_\_\_ (initial)**

10) I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me or the session(s) missed will be rescheduled so that my fitness program does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by DMACC Wellness, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

**I have read and understand this term: \_\_\_\_\_ (initial)**

I have read this Release and Terms of agreement and I understand all its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Personal Trainer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**