

Colorado Mesa University - Campus Rec Services

Wellness Assessment Request Packet

Wellness Assessments are a free service available to current CMU students and faculty/staff rec members. We offer discounted rates to Alumni, Family, Golden Scholar and MavClub membership holders. *A current membership is required to receive the discounted rate.*

Please complete the attached forms and submit them to the Hamilton Rec Center front desk. Payment is due at this time. Once management has received your packet, you will be contacted within one to three business days. Cash, check and credit card are accepted. All services are non-refundable.

An assessment can serve several purposes for you in reaching a higher level of physical fitness. Testing results can be used to identify your strengths and weaknesses and periodic re-tests can assess your progress over time. The Wellness Staff at the Hamilton Rec Center is committed in helping you reach your wellness goals and providing you with any information that will assist you in your fitness program. One of our certified personal trainers conducts all Wellness Assessment appointments. We look forward to working with you to help you achieve your health and fitness goals!

The assessment session itself will last approximately 1 hour and will assess the following components of physical fitness:

- I. Resting Measurements:
 - Height, Weight, Blood Pressure, Pulse Rate
- II. Anthropomorphic Measurements (Body Composition)
 - The relative amount of fat to fat-free mass (muscles, bones, organs, etc.)
 - 3-Site Skinfolds, Circumference Measurements, Body Mass Index, Waist to Hip Ratio, Bioelectrical Impedance Analysis
- III. Cardiorespiratory Endurance
 - How efficiently your body delivers oxygen and nutrients, while also getting rid of waste.
 - 3-Minute Step Test
- IV. Muscular Strength & Endurance
 - Strength: The greatest amount of force of a muscle or muscle group that can be exerted in a single effort
 - Hand Dynamometer
 - Endurance: The ability of a muscle or muscle group to sustain repeated exertion of a sub-maximal force
 - Push-up and Curl-up Test
- V. Flexibility/ROM & Postural Analysis
 - Range of motion of a joint
 - Manual Flexibility Test
 - Postural Analysis
- VI. Determining Calorie Needs
 - Calculating Resting Metabolic Rate

Please use the following tips to prepare for your assessment:

1. Come dressed to workout (shorts or loose fitting pants, t-shirt, sneakers).
2. Try not to eat a large meal 1.5-2 hours before your appointment. A light snack more than 30 minutes prior to your appointment is appropriate.
3. Hydrate yourself continuously throughout the day, drinking plenty of water.
4. Please avoid caffeinated beverages, alcohol, and tobacco for 3 hours before your appointment.
5. Feel free to bring a workout towel and water bottle with you to use during your training session.

HRC Building Manager Use only:

Membership Type:

_____ CMU Student:	FREE	700# _____
_____ CMU Faculty/Staff Member:	FREE	700# _____
_____ CMU Faculty/Staff Non-Member:	\$40.00	700# _____
_____ CMU Alumni & Family Membership:	\$40.00	
_____ CMU Golden Scholar Membership:	\$40.00	700# _____
_____ CMU MavClub Membership:	\$40.00	
_____ General Public:	\$60.00	

Building Managers-

Once this packet has been filled out by the client and submitted to you, please:

- Detach the first page of this packet and *give to client to keep!*
- Collect appropriate payment
- Attach a copy of the receipt to this page and place it in the mailbox of the Manager of Wellness & Fitness at the HRC Front Desk.

Thank you.

Building Manager initials: _____

Health History Questionnaire

Please write clearly and complete this entire packet.
This gives your personal trainer important information needed before your appointment.



FIRST NAME _____ LAST NAME _____

700# _____ TELEPHONE _____ TODAY'S DATE _____

STUDENT STATUS: Freshman Sophomore Junior Senior

E-MAIL _____@mavs.coloradomesa.edu

FACULTY OR STAFF:

E-MAIL _____@coloradomesa.edu

Other Email _____

BIRTHDATE _____ AGE _____ GENDER _____

WEIGHT _____ HEIGHT _____

Please list an emergency contact (required).

Contact _____ Relation _____ Telephone _____

Do you prefer a Male _____ or Female _____ Personal Trainer?

Name of Personal Trainer you prefer (if any)

What is your availability? Please check the days of the week and record the times that you prefer.

_____Monday/Time(s): _____

_____Tuesday/Time(s): _____

_____Wednesday/Time(s): _____

_____Thursday/Time(s): _____

_____ Friday/Time(s): _____

_____ Saturday/Time(s): _____

_____ Sunday/Time(s): _____

1) Please list any illness, hospitalization, or surgical procedures that you have had within the last two years:

2) Has a physician ever told you that you have had any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Heart Murmurs |
| <input type="checkbox"/> Rheumatic Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Irregular Heartbeats | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Heart Valve Problems | <input type="checkbox"/> Angina | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Lung Disease (Asthma, Emphysema, etc.) | |
| <input type="checkbox"/> Other | | |

Please Explain: _____

3) Has anyone in your immediate family (mother, father, siblings, grandparents) experienced any of the above conditions?

Yes No

4) Do you ever experience any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Chest Pain/Discomfort | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Joint, Tendon, or Muscular Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Orthopedic Problems |

If yes, please explain: _____

5) Please list any medications that you are currently taking (name & reason): _____

6) Do you have any medical conditions for which a physician has ever recommended restrictions on activity (including surgery)? Yes No

If yes, please explain: _____

7) Are you pregnant? Yes No

8) Do you smoke? Yes No

Cigarettes per day

_____ Pipes per day
_____ Cigars per day

Do you use smokeless tobacco? _____ No _____ Yes

9) Have you had your cholesterol measured within the last year? _____ No _____ Yes
If yes, what was the value? _____

10) Do you drink alcohol? _____ No _____ Yes If yes, how many drinks per week? _____

11) Do you eat a variety from the major food groups (meats, fruits, vegetables, grains, milk)? _____ No _____ Yes

12) Is your diet high in saturated fat (milk products, cheese, meats, fried foods, desserts)? _____ No _____ Yes

13) Check the description that best represents the amount of stress you experience on a daily basis.

- _____ No stress
- _____ Occasional mild stress
- _____ Frequent moderate stress
- _____ Frequent high stress
- _____ Constant high stress

14) Have you had recent weight loss or gain? If so, how much? _____

15) Are you presently exercising? _____ Yes _____ No If yes, how many days/hours per week? _____

16) Please describe your current exercise program. List the type of activity, number of sessions per week, time per session, and intensity level:

17) List any areas for which you would like additional information:

Client Policy Agreement

This agreement ensures that the relationship between the client and personal trainer is clearly appreciated and understood. This agreement must be signed prior to meeting for the first appointment.

Client Responsibilities

1. All fees must be paid in full prior to the first scheduled session and the client's personal information packet must be completed at the time of purchase. Failure to do so may result in delayed initial consultation. All forms will be kept confidential.
2. The purchase of any personal training package entitles the client to a Wellness Assessment session, which will include fitness testing and exercise counseling to take place prior to the first personal training session.
3. If the client is late to any session, the session will only last until the end of the hour that the session was scheduled. A courtesy phone call to the trainer is appreciated.
4. Follow the recommended guidelines regarding how to prepare for your assessment.
5. It is recommended that you bring water to each session.
6. Obtain your personal trainer's contact information and provide your contact information to your personal trainer.
7. Contact your personal trainer directly for any scheduling issues. *The front desk is not authorized to give out any personal contact information.*
- 8. Any cancellations must occur with at least 24 hours' notice to the assigned trainer. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.**
9. All clients must abide by Hamilton Recreation Center facility policies and guidelines.
10. All services are non-refundable.

Personal Trainer Responsibilities

1. The personal trainer will design a safe, effective exercise program on an individual basis that reflects the client's objectives, fitness level, and experience.
2. The personal trainer will provide the client the education, guidance, and individual instruction necessary to achieve their personal fitness goals.
3. If the trainer is late, the client may decide to (a) reschedule the session or (b) continue with the scheduled session and the time owed is allotted to that client at no additional charge at a later date and/or time.
4. Once services are purchased and all forms are submitted, the Manager of Wellness/Fitness or the assigned personal trainer will contact the client within two to three business days.
5. The personal trainer will allow for an open line of communication throughout the course of the client/trainer relationship.

Client's Printed Name

Client Signature

Date

Parent Name (*if under 18 years of age*)

Parent Contact Number(s)

Signature of Parent (*Required if under 18 years of age*)

Assumption of Risk

Program Description

I understand I will be working with a certified personal trainer. My session will include aerobic exercises, strength training exercises, and flexibility exercises.

Potential Risks: I understand that during or following exercise there is a risk that I may experience: abnormal blood pressure, abnormal heart rhythms/ rate, ineffective functioning of the heart (including heart attacks), respiratory distress, musculoskeletal strains/sprains, joint pain, possible bone injury, seizures, and other similar injuries.

Potential Benefits: I understand the benefits of exercise may include decreased body fat, improved cholesterol levels, improved blood pressure, increased muscle strength & endurance, decreased risk of heart disease, and improved psychological function. The benefits experienced directly relates to prescribed intensity, duration, frequency, progression and types of activity.

I have read the above information, I understand the potential risks and benefits of working with a Hamilton Recreation Center Personal Trainer, and I voluntarily agree to assume such risks.

Client's Printed Name

Client Signature

Date

Parent Name (*if under 18 years of age*)

Signature of Parent (*if under 18 years of age*)

Date

PAR-Q

Physical Readiness Questionnaire

Name _____ Date _____

DOB _____ Age _____ Phone _____

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some people should check with their doctor before they start becoming much more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer each question honestly.

YES	NO	1) 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?
YES	NO	2) Do you feel pain in your chest when you do physical activity?
YES	NO	3) In the past month, have you had chest pain when you were not doing physical activity?
YES	NO	4) Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	5) 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?
YES	NO	6) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	NO	7) Do you know of <u>any other reason</u> why you should not do physical activity?

- You should delay becoming much more active if you are not feeling well because of temporary illness such as a cold or a fever or if you are or may become pregnant. Talk to your doctor before you start becoming more active.
- If you answered YES to one or more questions, you will need to get a physical activity release from your doctor before becoming more physically active.
- If you honestly answered NO to all questions you can be reasonably certain you can safely increase your level of physical activity gradually.
- If your health changes so you then answer YES to any of the above questions, seek guidance from a physician.

"I have read, understood and completed this questionnaire.

Any questions I had were answered to my full satisfaction."

Name _____

Signature _____

Date _____

Signature of Parent _____
(If under 18 years of age)

Date _____

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.

HAMILTON RECREATION CENTER

WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Month and Year: _____ Participant Name: _____

In consideration for being permitted to use the Maverick Center facilities, including the Hamilton Recreation Center and Maverick Pavilion, the State of Colorado, Colorado Mesa University and its **Board of Trustees**, and with the understanding that such use is conditioned upon abiding by all policies and procedures and my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the use of the aforementioned facilities and any risks inherent in any other activities connected with the use of the Maverick Center Facilities. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my use of the Maverick Center, Hamilton Recreation Center, and Maverick Pavilion, and release from liability the State of Colorado, Colorado Mesa University and its Board of Trustees, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED RECREATION CENTER. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY BOARD OF TRUSTEES AND ALL OF THE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE USE OF THE HAMILTON RECREATION CENTER.

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever, unless embodied herein in writing.

THIS IS A RELEASE OF LIABILITY. IF INDIVIDUAL IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.

Signature of Participant

Date

Signature of Parent

Date

(If participant is under 18 years of age)