



# Personal Training Registration Renewal

Due to privacy, do not transmit this form electronically.

Upon receipt of the Personal Training Registration Renewal, individuals will be contacted within 5 business days regarding registration status. Prior to submission of the Personal Training Registration, please sign and date the LSU UREC Participation Agreement (See Reverse).

## PARTICIPANT INFORMATION

<input type="text"/>		<input type="text"/>	
LAST NAME		FIRST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY PHONE	NIGHT PHONE	EMAIL ADDRESS	
Trainer Name: <input type="text"/>		<b>CLASSIFICATION</b> <input type="checkbox"/> STUDENT <input type="checkbox"/> UREC MEMBER	

## PACKAGE & PREFERENCES

**Select a package** All packages include a fitness assessment

Individual Training	Student	UREC Member
<input type="checkbox"/> Fitness Assessment Only	\$25	\$35
<input type="checkbox"/> Two Sessions	\$60	\$95
<input type="checkbox"/> Four Sessions	\$100	\$150
<input type="checkbox"/> Six Sessions	\$135	\$205
<input type="checkbox"/> Ten Sessions	\$210	\$310
<input type="checkbox"/> Twenty Sessions	\$400	\$575

## MEDICAL HISTORY

Has your medical history changed since the completion of your last LSU UREC training package?

YES     NO

---

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME \_\_\_\_\_



**LSU University Recreation  
Participant Agreement**

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)