

Personal Training Registration

Saint Louis University
 Department of Campus Recreation
 3639 Laclede Ave
 St. Louis, MO 63108-3315
 314-977-3975



Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: (_____) _____

Payment Instructions

- ✓ Payment must be made in full before attending your appointment.
- ✓ Purchase only one service per form.
- ✓ The form and payment is handled at the Service Area (at facility entrance).
- ✓ Sorry, no refunds or registration transfers.

Payment Plan

Initial Packages:

Assessment+ 2 sessions (\$75) _____

Continuation Packages:

Individual Session (\$35) _____
 Get Me Going (3 sessions \$99) _____
 Dedication (6 sessions \$180) _____
 Marathon (10 sessions \$280) _____
 Partner Get Me Going (3 sessions \$59) _____
 Partner Dedication (6 sessions \$108) _____
 Partner Marathon (10 sessions \$168) _____

Follow-up Baseline (\$25) _____

TOTAL _____

Trainer or Fitness Assessor approval:

 Date of initial Service and payment:

User's Agreement

User agrees that all physical activities, including the use of weights & any equipment, machinery or apparatus designed for exercise shall be at user's sole risk. Notwithstanding any consultation or use of equipment, facilities or exercise programs which may be provided by Saint Louis University, employees or agents, it is hereby understood that the selection of activities, exercise programs, methods and type of equipment will be user's entire responsibility. Knowing the risks & in consideration of using the facility, user agrees to waive, release & discharge Saint Louis University, its employees/agents from all claims, demands or actions of any kind or nature which may be brought by user or anyone who might make a claim on user's behalf arising out of user's activities & use of any services, equipment, machinery or apparatus provided by University, notwithstanding the negligence of Saint Louis University, its trustees, officers, employees or agents. User is responsible for becoming familiar with all Campus Recreation policies, noncompliance may result in the suspension of privileges.

Signature: _____

Date: _____

For office use only

\$_____ paid by: Check # _____ Cash _____ Credit Card Approval: _____

Initials : _____ Date: _____ Top copy to DCR; bottom copy to customer