

PRIVATE TRAINERS ASSOCIATION Liability Release Form



Before participating in any practical testing with an examiner, everyone is required to complete a release form, which includes a waiver of liability, an assumption of risk and an indemnification. If you or anyone in your group would like to see the release form in advance, we will be glad to mail or fax you a copy.

It is my responsibility to check with my doctor prior to partaken any exercise and to inform the US Private Trainers Examiner of any pre-existing medical conditions and injuries. This information will be kept strictly confidential. I release, waive, discharge, and covenant not to bring legal action upon the US Private Trainers Association, its examiners, its members, its officers, its employees, its agents, all instructors, all participants and anyone associated with its operation and any IFBB pro bodybuilder.

WAIVER AND RELEASE

You, the undersigned Releasor, are aware that you are engaging in physical exercise and that the use of the exercise equipment, club and gym facilities, training and instruction, could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury to you that might result from such activities. You agree to waive any claims or rights you might otherwise have to make a claim against and/or sue the releasees, which are U.S. Private Trainers, Inc., the host health club or gym, and their respective owners, officers, managers, employees, or agents for injury to you as a result of these activities, including, but without limitation, any activities related to your enrollment and participation in a certification course. You have carefully read this waiver which states that you assume all risks of injury. You are hereby advised that you should be sufficiently physically fit for exercise activities and should have consulted a physician prior to undertaking a physical exercise program, all matters about which you acknowledge that you are aware by your signature below.

	ivate Trainers Association, Inc. er Gym facility name: (Host Health (Club/Gym)	
Date	e:		
Releasor / student:	(Print Participant name)	Date:	
(Sig	nature)		



PRIVATE TRAINERS ASSOCIATION PRACTICAL EXAM



This form should not be given to the student and it should be submitted directly to the PTA office after completion of the practical exam. Each director is given the authority to test the student under his or her own discretion. A score from 1 to 5 is given on the test, 1 being a poor performance and 5 being an excellent performance. Remember to grade the student with quality and safety in order to keep the USPTA reputation in mind. You must test the student on every muscle and as many exercises as you think is proper. Use your judgment and always make sure that the student is competent enough to pass your exam. Keep in mind that if you want to hire this student to help you get or keep in shape.

Student's name:

Date:				
APPROPR APPROPR		RE FOR YOUR PRATICAL F YESNO .YESNO	EXAM	
<u>PRACTI</u>	CAL,			
A grade o	of 1 to 5. 5 b	eing the highest grade 1	being the lowest grade	
SI	HOULDERS:	FRONT DELTOIDS	SIDE DELTOIDS	REAR DELTOIDS
C	HEST:	UPPER CHEST	MIDDLE CHEST	LOWER CHEST
I	BACK:	UPPER BACK	MIDDLE BACK	LOWER BACK
F	BICEPS:	INNER BICEPS	OUTER BICEPS	FOREARM
Т	TRICEPS:	LONG HEAD	LATERAL HEAD	MEDIAL HEAD
	ABS:	UPPER ABS	LOWER ABS	SIDE OBLIQUES
	QUADS:	OUTER QUADS	INNER QUADS	LOWER QUADS

HAMST	ΓRINGS	GLUTEUS MUSCLE	OUTER CALVES	INNER CALVES	
	•••••				
EXAMII	NER NAM	ЛЕ:	EXAMINER SI	GNATURE	
			ng questions, you will be ation being applied by the	able to find out more about the practica student.	.1
1-	tested o spotting	n to a beginner. Inclu	ade in detail correct te	and all exercises that would be echnique, safety guidelines, et form, timing, breathing and the	3
	Circle h	nere if done properly.	if no	t	
2-	Have th	e trainer show you d	ifferent forms of the e	exercises performed.	
	Circle h	nere if done properly.	if no	t	
3-	What w	ould the trainer do if	that certain exercise	is painful or is incorrect?	
	Circle h	nere if done properly.	if no	t	
4-	There as		lelines, for the knees a	and for the back, have the trainer	
	Circle h	nere if done properly.	if no	t	
5-		ne trainer list for you or difficulty.	the signs & symptoms	s suggestive of cardiovascular	
	Circle h	nere if done properly.	if no	t	
6-	Under v	what conditions the tr	rainer should stop exe	rcising their clients???	
	Circle h	nere if done properly.	if no	t	
7-		ast ask the trainer on movement.	the muscles being exe	ercised when performing that	

	Circle here if done properlyif not
8-	Remind the trainer at the end of the practical exam about opening a checking account, making business cards for starting his or her own business
	Circle here if done properlyif not
EXAN	MINER NAME:EXAMINER SIGNATURE:
	Date: Location:

Please fax all forms to the PTA for record keeping. Fax # 877-533-7540