



Personal Training Packet 2024

Please legibly print
all information.

January 2024

Name _____

Address: _____ Phone # _____

_____ Email Address _____

Male Female Date of Birth: _____

Please select:

Adult: (age 18-61)

Resident Non-resident

Youth: (age 13-17)

Resident Non-resident

Senior: (62+)

Resident Non-resident

*Please THOROUGHLY
complete each section & sign/
initial as indicated.*

Please Initial Both Boxes Below

If sessions are not cancelled within
our 24 Hour Cancellation Policy
(page 3) you will be charged for the
session. Please initial that you have
read & understand the statement
above. _____ (initial)

Initial Training Session may include
a 30 minute consultation. The
consultation may be necessary to
further discuss your specific needs,
goals and/or health concerns.
Please initial that you have read and
understand the statement above.
_____ (initial)

Please check how many session you would like.

1 PT Session	\$59 D/\$73 ND
3 PT Sessions	\$162 D/\$202 ND
5 PT Sessions	\$265 D/\$331 ND
10 PT Sessions	\$524 D/\$ 655 ND
1 Buddy PT Session	\$94 D/\$117 ND
3 Buddy PT Sessions	\$256 D/\$320 ND

NOTE: Sessions must be purchased prior to your training appointment.

**Pricing listed is for Adults (18-61 yrs.). Youth & Senior rates are 16% less.
Discount calculated when purchased based on account information.**

IMPORTANT—Please circle ALL days/times you are available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Early Morning (5:30 – 8:00) Morning (8:00 – 12:00) Afternoon (12:00 – 5:00) Evening (5:00-9:00)

Please Note: A copy of this form will be given to the Fitness Supervisor M-F, and a Personal Trainer will be assigned to you based on your goals, preferences, and time availability. The Trainer will contact you within 5-7 days to schedule the initial appointment. If you would like to work with a specific trainer, please indicate that below and we will do our best to accommodate your request.

Do you have a specific Trainer you would like to request? _____

Signature _____

Date _____



Health History

January 2024

Physician's Name _____ Physician's Phone # _____

Are you taking any medications or drugs? If so, please list medication, dose and reason.

Does your physician know you are participating in this exercise program? Yes No

Please describe any physical activity you do regularly.

Do you now, or have you had in the past:	Yes	No		Yes	No
History of heart problems, chest pain or stroke			Increased blood pressure		
History of heart problems in immediate family			Increased blood cholesterol		
History of breathing or lung problems			Smoking habit		
Muscle, joint, back disorder, or any previous injury still affecting			Any chronic illness or condition		
Hernia, or any condition that may be aggravated by lifting weights			Obesity (more than 20% over ideal body weight)		
Diabetes or thyroid condition			Recent surgery (last 12 months)		
Loss of balance or dizziness			Pregnancy (now or within last 3 months)		
Been advised by physician not to exercise			Difficulty with physical exercise		

Please explain any 'YES' answers _____

The Trails Recreation Center assumes no liability for persons who undertake physical activity. After completing this questionnaire, if you have questions or are in doubt about your readiness to increase physical activity, please consult your doctor prior to beginning your training. This questionnaire may be used for legal or administrative purposes.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____ Trails Recreation Center ID# _____

Signature _____ Date _____

Signature of Parent/Guardian *(for participants under 18 yrs.)* _____

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 questions above.

What are your fitness goals? (check all that apply)

<input type="checkbox"/>	Muscular Strength
<input type="checkbox"/>	Cardiovascular Endurance
<input type="checkbox"/>	Weight Management
<input type="checkbox"/>	Flexibility Improvement
<input type="checkbox"/>	Balance Improvement
<input type="checkbox"/>	Injury Rehabilitation
<input type="checkbox"/>	Sports Specific Training (Triathlon, 5K etc)
<input type="checkbox"/>	General Health & Fitness

Please provide specifics information about your goals & what you would like to achieve working with a Personal Trainer.

Cancellation Policy

Personal Training Sessions must be cancelled at least 24 hours prior to scheduled session or you will be charged for the session.

Signature _____

Date _____

Signature of Parent/Guardian *(for participants under 18 yrs.)* _____

Trainer Signature _____ Date _____



Liability Release Form

January 2024

The undersigned recognizes the use of the Trails Recreation Center Fitness services involves a risk of physical injury including that caused by the negligence of the undersigned or Trails Recreation Staff. The undersigned hereby agrees to assume this risk of injury in its entirety regardless of the cause. The Trails Recreation Center Staff shall not be liable for any injuries or damage to the undersigned, or the property of the undersigned, or be subject to any claim, demand, injury, or damages whatever, including without limitation, those damages resulting from acts of active or passive negligence on the part of the Trails Recreation Center Staff for all such claims, demands, injuries, damages, actions, or causes of action. It is specifically agreed that the Trails Recreation Center Staff shall not be responsible or liable to the undersigned for articles lost or stolen in connection with Trails Recreation Center Staff services.

Please Initial _____

I understand and I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activity. I also understand fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the risks involved. I hereby agree to and accept any & all risks of injury or death.

Please Initial _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination & I have been given permission by my physician to participate, or that I have decided to participate in activity & use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

Please Initial _____

I give my consent to the District that they may use any photographs or videotape taken of me while participating in District activities in future promotional or marketing material.

Please Initial _____

I have read the above four (4) statements, and my signature below and initials above verify that.

Name (please print) _____

Signature _____ **Date** _____

Signature of Parent/Guardian *(for participants under 18 yrs.)* _____

Trainer Signature _____ **Date** _____



January 2024

Genevie Davenport, Certified Personal Trainer

Hello my name is Genevie and I am a Certified Personal Trainer, Group Fitness Instructor and Certified Health Coach. I have been coaching individuals for several years assisting them in achieving their fitness and wellness goals. I thrive on helping individuals make lifestyle modifications and implementing fitness routines to improve their health, strength, and overall well-being. The fitness and wellness business is my career choice, but it is also a passion and hobby of mine. I am constantly immersed in new research and literature outlining breakthroughs in the field which my clients can benefit from. I'm currently enrolled in an Exercise Science & Health Promotion Master's Degree program through Pennsylvania Western University with an emphasis in fitness and wellness.

Timbo Velasquez, Certified Personal Trainer

Hello, my name is Timbo Velasquez and I believe in fitness. I am a Certified Personal Trainer through the International Sports Sciences Association (ISSA) & the National Academy of Sports Medicine (NASM). I hold certification in several specialties including nutrition, strength & conditioning, plyometrics, TRX, stretching, water fitness, kettlebell, balance, Less Mills, and resistance band training. I care deeply about my clients. There is nothing of more value to me than helping someone go through an experience that makes them happy, confident, and strong. I want to be there for you and help you discover the benefits & joys of training that has helped me become the person I am today. I am here to be your personal guide every step of the journey.

Chad Leland, Certified Personal Trainer

I have a Bachelor of Applied Science Degree in Exercise Science and Health Promotion & am certified as a Personal Trainer through National Strength and Conditioning Association (NSCA). I have worked in the fitness industry for over 20 years teaching Boot Camp, Ski Conditioning, Personal Training, Youth Sports Conditioning as well as football, baseball and soccer camps for various schools. I am currently a Strength & Conditioning coach for a local high school. My motivational motto is "getting you on the right path to achieve your full potential - reach those goals baby!"

Karmen Davis, Certified Personal Trainer

I have a Bachelor of Science Degree in Corporate Fitness, Exercise Science. I am certified through the National Council on Strength & Exercise (NCSF) as a Personal Trainer and hold certifications in several specialty areas including core training, balance, functional fitness & stretching. I teach a variety of group fitness classes including aqua, core/cardio/stretching, Silver Sneakers and balance classes. I am a firm believer that consistency is key. Little things can make a difference and the all or nothing approach kills goals faster than anything else. Exercise can be many different things so if a gym routine seems overwhelming to you, I can help you find simple solutions you can do anywhere to meet your fitness goals.

Amey Schutz, Certified Personal Trainer

Hello, my name is Amey Schutz. I am a Certified Personal Trainer through the National Academy of Sports Medicine (NASM). I have also been a group fitness instructor at The Trails Recreation Center for the past 6 years and truly love the community at Trails. I am passionate about fitness, helping & watching people succeed. We are all capable of more than we know and I am here to help you find that. I am a firm believer that health & fitness can be fun. The sky is the limit so find what you love and you'll find your own fitness journey.

Sharon Mitchell, Certified Personal Trainer & Orthopedic Exercise Specialist

I have been an ACE Certified Personal Trainer since 1998, & a certified Himalayan Institute Yoga teacher since 2000. With an eye toward a more therapeutic form of yoga, following additional teacher training in India, I went back to college to become a licensed Physical Therapist Assistant. My training and experience have equipped me with evidence-based formulas that can help individuals reduce postural imbalances, non-functional movement patterns, and lifestyle habits to promote a more balanced and joyful lifestyle. No two bodies and personalities are the same, and therefore each client's training program is individually customized. Having worked with many clients in the Pittsburgh area for several years prior to moving back to Colorado this past winter, I look forward to empowering people interested in a more balanced lifestyle here.

Samara Sahouri Bannoura, Certified Personal Trainer

Hello my name is Samara Sahouri Bannoura. I am a Certified Personal Trainer through the National Academy of Sports Medicine (NASM) I have been exercising for more than ten years and it changed my life. I feel strong and alive. I want to help others feel that way and engage exercise in their daily lives. I will start my journey here at the Trails Rec Center. I like the community and I find it welcoming. I am working on completing my certification in corrective exercise.