TRAILS PARK AND RECREATION District

Fitness & Wellness

Certified Personal Trainers

Amey Schutz
Amey is a NASM Certified Personal Trainer and longtime group fitness instructor at Trails Recreation Center. She believes fitness should be fun and helps clients discover what motivates them to succeed.

Calisse Weidner
Calisse Weidner has been teaching group fitness since 1995 and has been part of the Trails Recreation Center since the doors opened in 2004. With a background in social work, she originally became certified in group exercise right out of college and later expanded into personal training, where she found a natural connection between fitness, science, and the interpersonal skills she developed through social work.

Chad Leland
Chad holds a degree in Exercise Science and Health Promotion and has more than 20 years of fitness industry experience. He specializes in strength and conditioning, personal training, and youth sports performance.

Emily Howell
Emily has been teaching fitness since 2006, with experience ranging from bootcamps to Pilates, and joined the Trails Recreation Center team in 2014. What she loves most about fitness is helping others experience the joy, connection, and confidence that come from movement. She especially enjoys finding a sense of “flow” in class—when movement, music, breath, and community all come together.

Genevie Davenport
Genevie Davenport is a certified personal trainer, group fitness instructor, and National Board-Certified Health and Wellness Coach with a master’s degree in special education. She has been a personal trainer at the Trails Recreation Center for more than three years and specializes in strength training, weight-loss goals, and working with youth and adults with special needs and exceptionalities.

Karmen Davis
Karmen has a college background in fitness and brings extensive experience as both a group exercise instructor and personal trainer. Karmen loves helping people stay active in ways that support health, confidence, and functional fitness. She encourages participants to work within their own limits, celebrate progress, and build connections with others in class. She teaches a variety of formats, including Yoga, Fusion, Splash, Cardio Core and Stretch, Deep Water, and Yoga Sculpt.

Moe Yousif
Moe is an ACE Certified Personal Trainer dedicated to helping people unlock their full potential through fitness, nutrition, and sustainable lifestyle changes. Specializing in strength and conditioning, body building, and body transformations, he brings both expertise and real-life experience to every client relationship. As someone who lives with Type 1 diabetes and has overcome open-heart surgery, Moe understands firsthand the power of perseverance and is committed to helping others build healthier, stronger lives.

Read our Personal Trainer’s full bios online.

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Renee Durrer

Renee holds a degree in education and certifications in personal training, yoga, and SilverSneakers, along with additional training in nutrition, pain-free performance, and strength and conditioning. She has been teaching fitness for about 10 years and has been subbing classes and training at the Trails Recreation Center for the past year. Her teaching style blends challenge, safety, and encouragement, with modifications to help each person succeed.

Sharon Mitchell

A Colorado native, Sharon brings decades of experience in fitness, movement, and rehabilitation to her work at the Trails Recreation Center. She holds a degree in Social Work from Colorado State University, has been an ACE Certified Personal Trainer since 1998, a licensed Physical Therapist Assistant since 2013, and a 500-hour certified Himalayan Institute Yoga Instructor who has been teaching yoga since 1996. She has been with Trails since 2016. Her approach focuses on helping people move with less pain, improve posture and balance, and maintain strength and independence as they age.

Samara Sahouri Bannoura

Samara's path into fitness began when a trainer encouraged her to pursue certification, and she now holds NASM certifications in Personal Training and Corrective Exercise. She has been coaching for more than two years and has been part of the Trails Recreation Center team for over two years. She is especially passionate about helping seniors and women feel comfortable, supported, and confident while exercising. She enjoys combining cardio and strength training to keep workouts safe, effective, and fun. Outside the gym, she loves cooking, music, and dancing, and she is fluent in both Arabic and English.

Timbo Velasquez

Tim has been part of the Trails Recreation Center for nearly six years and brings more than 15 years of coaching and training experience. The youngest of nine siblings, sports and competition were a major part of his life. He went on to compete collegiately and professionally and is certified through both ISSA and NASM, with additional experience in strength and conditioning, powerlifting, kettlebell training, TRX, Les Mills, balance, and flexibility. Tim is passionate about helping athletes and clients recognize what they are capable of, build confidence, and grow both physically and mentally. He especially enjoys seeing people push past limits they once thought were impossible.

Pricing

	Youth & Senior Rates		Adult Rates	
	Resident	Non-Resident	Resident	Non-Resident
1 Personal Training Session	$51.20	$67.20	$64.00	$80.00
3 Personal Training Sessions	$140.80	$184.80	$176.00	$220.00
5 Personal Training Sessions	$231.04	$303.24	$288.80	$361.00
10 Personal Training Sessions	$459.96	$599.76	$571.20	$714.00
20 Personal Training Sessions	$829.44	$1,088.64	$1,036.80	$1,296.00
1 Buddy Personal Training Session	$81.92	$107.52	$102.40	$128.00
3 Buddy Personal Training Sessions	$223.36	$293.16	$279.20	$349.00
5 Buddy Personal Training Sessions	$318.72	$418.32	$398.40	$498.00

Purchase a personal training session at the front desk, online, or by using the QR code.

TRAILS PARK AND RECREATION District

2026 | Fitness & Wellness

Personal Training Packet

Trails Park and Recreation District has nationally certified personal trainers on staff to help you reach your fitness and wellness goals. Whether you want to lose weight, gain strength, rehab from an injury, train for a race, or something else, our staff can help you achieve your goals!

Full Name

Today's Date

Address

Date of Birth

Phone Number

Email Address

OFFICE USE ONLY
☐ Resident ☐ Non-Resident

☐ Male ☐ Female ☐ Prefer not to say ☐ Youth (ages 13-17) ☐ Adult (ages 18-61) ☐ Senior (age 62+)

Emergency Contact Name

Relationship

Address

Phone Number

Availability

Please indicate all days you are available to meet:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

What times would you prefer to meet with a trainer?

☐ 5:30-8:00 am ☐ 9:00 am-12:00 pm ☐ 1:00-4:00 pm ☐ 5:00-8:00 pm ☐ my time is flexible

Trainer & Goals

Have you ever trained with a personal trainer before? ☐ Yes ☐ No

Do you prefer a male or female trainer? ☐ Male ☐ Female ☐ N/A

Requested Personal Trainer's Name

Please provide specific information about your goals and what you would like to achieve in your sessions. The initial training session may include a 30-minute consulation to further idscuss your specific needs, goals, and/or health concerns.

Signature

Today's Date

Liability Release Form

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 activities. 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 _____

Participants may be photographed or filmed while utilizing the facility, services, or participating in a Trails Park and Recreation District program, and said photographs, footage, or likeness of me, may be used for future promotional or marketing material.

Please Initial _____

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

Printed Name

Signature

Today's Date

Signature of Guardian (for participants under 18 years of age)

Cancellation Policy

If you are unable to keep your assigned personal training session, you must contact your trainer and cancel at least 24 hours prior to the scheduled appointment to avoid being charged for the session.

Printed Name

Signature

Today's Date

Signature of Guardian (for participants under 18 years of age)

TPRD PAR-Q+

THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FOR EVERYONE
Participating in physical activity is very safe for most people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor or a qualified exercise professional before becoming more physically active.

Please read the 7 questions below carefully and answer each one honestly with a YES or NO.		
1. Has your doctor ever said that you have a heart condition OR high blood pressure?	☐ Yes	☐ No
2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐ Yes	☐ No
3. Do you lose balance because of dizziness, or have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐ Yes	☐ No
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? If yes, please list conditions below:	☐ Yes	☐ No
5. Are you currently taking prescribed medications for a chronic medical condition? If yes, please list conditions and medications below:	☐ Yes	☐ No
6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. If yes, please list below:	☐ Yes	☐ No
7. Has your doctor ever said that you should only do medically supervised physical activity?	☐ Yes	☐ No

If you answered NO to all of the questions above, please sign the Participant Declaration below. You do not need to complete pages 4 and 5.

If you answered YES to any of the questions above, please fill out the following pages with more information.

Participant Declaration

If you are less than the legal age required for consent (18) or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for the length of my training sessions and becomes invalid if my condition changes. I also acknowledge that Trails Park and Recreation District may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

Printed Name

Signature

Today's Date

Signature of Guardian (for participants under 18 years of age)

TRAILS PARK AND RECREATION District

Follow Up PAR-Q+

1. Do you have arthritis, osteoporosis, or back problems? If the above conditions is/are present, answer questions 1a-1c. If NO go to question 2.	☐ Yes	☐ No
1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	☐ Yes	☐ No
1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?	☐ Yes	☐ No
1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months?	☐ Yes	☐ No
2. Do you currently have cancer of any kind? If the above conditions is/are present, answer questions 2a-2b. If NO go to question 3.	☐ Yes	☐ No
2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck?	☐ Yes	☐ No
2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?	☐ Yes	☐ No
3. Do you have a heart or cardiovascular condition? This includes coronary artery disease, heart failure, diagnosed abnormality of heart rhythm. If the above conditions is/are present, answer questions 3a-3d. If NO go to question 4.	☐ Yes	☐ No
3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	☐ Yes	☐ No
3b. Do you have an irregular heartbeat that requires medical management (e.g., atrial fibrillation, premature ventricular contraction)?	☐ Yes	☐ No
3c. Do you have chronic heart failure?	☐ Yes	☐ No
3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	☐ Yes	☐ No
4. Do you currently have high blood pressure? If the above conditions is/are present, answer questions 4a-4b. If NO go to question 5	☐ Yes	☐ No
4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	☐ Yes	☐ No
4b. Do you have a resting blood pressure equal to or greater than 160/90 mm Hg with or without medication? (Answer YES if you do not know your resting blood pressure.)	☐ Yes	☐ No
5. Do you have any metabolic conditions? This includes type 1 diabetes, type 2 diabetes, or pre-diabetes? If the above conditions is/are present, answer questions 5a-5e. If NO go to question 6	☐ Yes	☐ No
5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician prescribed therapies?	☐ Yes	☐ No
5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.	☐ Yes	☐ No
5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet?	☐ Yes	☐ No
5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)?	☐ Yes	☐ No
5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future?	☐ Yes	☐ No

Follow Up PAR-Q+

6. Do you have any mental health problems or learning difficulties? This includes Alzheimer's, dementia, depression, anxiety disorder, eating disorder, psychotic disorder, intellectual disability, Down syndrome If the above conditions is/are present, answer questions 6a-6b. If no go to question 7.	☐ Yes	☐ No
6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	☐ Yes	☐ No
6b. Do you have Down Syndrome AND back problems affecting nerves or muscles?	☐ Yes	☐ No
7. Do you have a respiratory disease? This includes chronic obstructive pulmonary disease, asthma, or pulmonary high blood pressure. If the above conditions is/are present, answer questions 7a-7d. If NO go to question 8.	☐ Yes	☐ No
7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	☐ Yes	☐ No
7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	☐ Yes	☐ No
7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, labored breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	☐ Yes	☐ No
7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	☐ Yes	☐ No
8. Do you have a spinal cord injury? This includes tetraplegia and paraplegia. If the above conditions is/are present, answer questions 8a-8c. If NO go to question 9.	☐ Yes	☐ No
8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?	☐ Yes	☐ No
8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	☐ Yes	☐ No
8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as autonomic dysreflexia)?	☐ Yes	☐ No
9. Have you had a stroke? This includes transient ischemic attack (TIA) or cerebrovascular event If the above conditions is/are present, answer questions 9a-9c. If NO go to question 10	☐ Yes	☐ No
9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	☐ Yes	☐ No
9b. Do you have any impairment in walking or mobility?	☐ Yes	☐ No
9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	☐ Yes	☐ No
10. Do you have any other medical condition not listed above or do you have two or more medical conditions? If you have other medical conditions, answer questions 10a-10c. If NO read the page 4 recommendations	☐ Yes	☐ No
10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?	☐ Yes	☐ No
10b. Do you have a medical condition that is not listed (like epilepsy, neurological conditions, kidney problems)?	☐ Yes	☐ No
10c. Do you currently live with two or more medical conditions?	☐ Yes	☐ No

Please list your medical conditions and any related medications here:

Follow Up PAR-Q+

Is there any other information about your health that we should be aware of?

If you answered NO to all of the follow-up questions on pages 4 and 5, please sign the Participant Declaration found below (page 6).

If you answered YES to one or more of the follow-up questions about your medical condition, you should seek further information from your medical professional before becoming more physically active.

Trails Park and Recreation District 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.

Participant Declaration

If you are less than the legal age required for consent (18) or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for the length of my training sessions and becomes invalid if my condition changes. I also acknowledge that Trails Park and Recreation District may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

Printed Name

Signature

Today's Date

Signature of Guardian (for participants under 18 years of age)

Contact

You can expect a reply from either a personal trainer or our fitness coordinator within 72 hours. If you have questions, please contact Tim Velasquez at tim.velasquez@tprd.org.

Learn more about our fitness and wellness program, and our personal trainers, online (www.tprd.org) or use the QR code!