

DON'T GO IT ALONE

HAYWOOD
REGIONAL HEALTH & FITNESS CENTER

»» Semi-Private Fitness Training

@Haywood Regional Health & Fitness Center



SMALL GROUPS, SAME CONNECTION

Personalized Workouts

All SPFT participants work with an individualized fitness routine customized to fit their needs

Professional Guidance

All sessions are conducted by NCCA-accredited trainers, with program guidance provided by an ACSM Clinical Exercise Physiologist

Motivation

Attending scheduled training sessions provides not only instruction, but also the accountability necessary to show up and work effectively

Easy Scheduling

With SPFT the decision process is kept easy and straight-forward. All sessions are sixty minutes in length, and recur weekly

Savings

Similar guidance as with one-on-one training, but at roughly half the price

One session..... \$28

Four-session package..... \$105

Eight-session package..... \$193

For more information call **828.452.8098** or inquire within

Thank you for your interest in Personal Training! Please fill out the information below. A trainer matching your availability will then be assigned to you as soon as possible.

Client Name: _____ Age: _____ M/F: _____ Phone: _____

Please verify that you are an HRH&FC Member: Yes No

Emergency Contact's Name: _____ Em. Contact's Phone: _____

Please provide us with a brief synopsis of your goals: _____

Fitness Training Services Policies & Procedures. Please read and initial each of the following items as having read and understood:

_____ **Checking In:** Always use the front door of the facility, and identify yourself to our front desk staff before proceeding to your training session.

_____ **Cancellation of Training Appointments:** Please allow four hours minimum notice for any cancellation.

_____ **On-Hold Status:** If circumstances require an indefinite stoppage of your training, your instructor will consider your status to be "on-hold." Once placed on hold, your time slot will be available to other clients.

_____ **Renewals:** Renewing prior to expending your last purchased lesson ensures that you continue with the same instructor, with no time lost. Your instructor will provide you with the proper renewal form when the end of your package is getting close.

_____ **Health & Cleaning Considerations (1):** Please wipe down any equipment used with materials provided at cleaning stations located in and around the Fitness Floor, immediately following use.

_____ **Health & Cleaning Considerations (2):** If you have experienced a cough, cold, fever, nausea, diarrhea, or any other signs or symptoms of sickness within the past 24-48 hours, please do not report in to the facility.

Risk & Release Statement. Please read & sign:

In agreeing to participate in activity at Haywood Regional Health & Fitness Center, I affirm that my general health is good, and that I am not adversely affected by exercise, and that I am capable of performing exercises of a vigorous nature. I am aware of the possibility of accidental or physical injury during exercise programs, swimming activities, and facility usage. In consideration of participating at Haywood Regional Health & Fitness Center, I agree to assume all risks of injury, and I will hold harmless from any and all liability, actions, causes of actions, claims, and demands of any kind and nature whatsoever, including conditions which I now may have, may arise from, and/or in connection with my willful participation in activities arranged and/or services offered by Haywood Regional Health & Fitness Center, and members of its staff. These terms will serve as a release and assumption of risk for my heirs, executors, and administrators for all members of my family, including any minors.

I agree to abide by the rules and policies of Haywood Health & Fitness Center, and failure to do comply with such rules may result in termination of program. I have read this agreement and understand the activities in which I will be engaged. By providing my signature below, I have agreed to the conditions stated above.

Minors: by signature below, the statement above will be affirmed on behalf of a minor who is participating in activities/services arranged by, or offered through Haywood Regional Health & Fitness Center, by a parent, legal guardian, or person of interest whom is age-18 or above.

Signature

Printed Name of Participant (if Under 18 yrs of age)