



# HAYWOOD

REGIONAL HEALTH & FITNESS CENTER

**Duke LIFEPOINT**  
HEALTHCARE

**828.452.8098**

Or inquire within

## No more guesswork!

With so much conflicting information out there, Fitness can be a confusing endeavor to many people. Our Personal Trainers are dedicated to helping you realize your potential by identifying the right exercise path for YOU. Our Personal Trainers at HRH&FC are all educated through NCCA-accredited certification courses, and developed further through in-house training here within our facility. Each have a passion for helping others achieve their health and fitness goals. We take the time to educate clients on the necessary tools needed for a healthy and active lifestyle that can be maintained for years to come. Program design may include sport-specific training, strength development, functional training, and more. Personal Training can be done one-on-one or in partner pairings. Trainers are available and will work to accommodate your schedule.

### Service Menu

#### Personal Training, Single Session

	Member	Non-Member
30 Minute Session	\$25.00	\$30.00
45 Minute Session	\$32.00	\$38.00
60 Minute Session	\$38.00	\$45.00

#### Personal Training, Ten-Session Package\*

	Member	Non-Member
30 Minute Session	\$210.00	\$250.00
45 Minute Session	\$280.00	\$330.00
60 Minute Session	\$350.00	\$420.00

\*Includes complimentary InBody test

#### Partner Training

	Member	Non-Member
2 people/30 Minutes	\$18/person	\$22/person
2 people/45 Minutes	\$24/person	\$29/person
2 people/60 Minutes	\$28/person	\$34/person

#### New Member Training Incentive

(Available to first-time personal training customers only, limit one per)

	Member
One 60 Minute Session	\$29.00
Two 45 Minute Sessions	\$59.00
Four 30 Minute Sessions	\$79.00*

\*Includes complimentary InBody test

#### Fitness Assessment/Body Fat Analysis

	Member	Non-Member
InBody Bodyfat Test	\$35.00	\$45.00

Accountability

Motivation

Direction

**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: \_\_\_\_\_ HRH&FC Member, or No? \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a preferred trainer in mind? If so, please specify name: \_\_\_\_\_

When are the BEST DAYS AND TIMES for you to train? Please list all that apply: \_\_\_\_\_

Please provide us with a brief synopsis of your goals: \_\_\_\_\_

**Risk & Release Statement**

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)

Witness (Staff only)