

24 Prescott Street
 PO BOX 359
 Kemptville ON, K0G 1J0



Phone: 613-258-4001
 Email: vitalityfitness@bellnet.ca
 www.vitalityfitnessstraining.com

MEMBERSHIP FEE SCHEDULE 2011

HST#832789127 RT0001

Vitality Fitness Training Inc. practices a higher standard of professionalism for this industry. Our retention rate and client satisfaction are higher than the industry's norm. Our clients recognize the advantages of our facility, being privately and locally owned.

**EITHER ORIENTATION ("A" OR "B"),
 MUST BE PURCHASED IN ADDITION TO
 MEMBERSHIP AND IS MANDATORY FOR ALL NEW
 MEMBERS.**

OPTION A:

**FULL ORIENTATION WITH PERSONALIZED
 PROGRAM INSTRUCTION**

\$169.50

(\$150 + 19.50 HST)

Full Orientation includes:

1st Appointment: Please Allow

(1-1 1/2 hrs for males) (1 1/2 -2 hrs for females)

- Fitness goals discussed.
- Instruction on equipment to determine fitness strengths & weaknesses.
- Blood Pressure
- **OPTIONAL:** Full fitness assessment

Trainer then creates a program for the client.

2nd Appointment Allow up to 1 1/2 hrs

- Instruction of program to client.

Two additional 30 min. follow-up consults

- To ensure success and make any changes needed.

OPTION B: *(not recommended for beginners)*

EQUIPMENT ORIENTATION ONLY (1hr.)

\$67.80

(\$60.00 + \$7.80 HST)

Equipment Orientation includes:

- Blood Pressure
- Brief instruction on use of equipment
- **NO PROGRAM, NO CONSULTATIONS**

MEMBERSHIP AND PAYMENT OPTIONS

**monthly plans require first & last month payments at registration.*

**1st payment to be withdrawn on the 15th of the next month.*

**please indicate which membership option you would like*

1) **Annual: Payments \$45.20/mth**

(\$40 + \$5.20 HST)

*Payments are withdrawn on the 15th of every month for 12 consecutive months. *(Void chq given to _____)*

2) **Annual: \$488.16 Paid in Full (save \$54.24)**

(\$432 + \$56.16 HST)

3) **6 months: Payments \$50.85/mth**

(\$45 + \$5.85 HST)

*Payments are withdrawn on the 15th of every month for 6 consecutive months. *(Void chq given to _____)*

4) **6 months: \$305.10 Paid in Full**

(\$270 + \$35.10 HST)

5) **3 months: \$169.50 Paid in Full**

(\$150 + \$19.50 HST)

6) **1 month: NO CONTRACT \$67.80 Paid in Full**

(\$60 + \$7.80 HST)

Orientation ("A" OR "B") \$ _____

Membership Fee
 _____ payment(s) of _____ \$ _____

Gift Certificate # _____ \$ _____

Personal Training
 # of sessions _____ \$ _____

TOTAL \$ _____

Cash / debit / Visa / Mastercard / chq# _____

Membership begins on ____/____/____
dd / mm / yyyy

and ends on ____/____/____
dd / mm / yyyy

Your rights under the Consumer Protection Act, 2002 are at the top of the FIRST page entitled Membership Acknowledgement Agreement and Release. Please read carefully and initial all pages of this Membership Agreement.

I have been given a copy of the Membership Acknowledgement Agreement and Release. I understand the current terms and conditions and agree to be bound by them.

 Client Signature

 Vitality Fitness Training Inc.

 DD/MM/YY

 Client's Full Name (Please print)

 Telephone Number

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Pre-authorized Debit (PAD) Agreement

Please complete the Pre-authorized Debit (PAD) Plan agreement below.

I authorize *Vitality Fitness Training Inc.*, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my *Vitality Fitness Training Inc.* account(s). Regular monthly payments for the full amount of services delivered will be debited to my specified account on the **15th day of each month**. *Vitality Fitness Training* will obtain my authorization for any other one-time or sporadic debits.

This authority is to remain in effect until *Vitality Fitness Training Inc.* has received written notification from me of its change or termination. We **WILL NOT RENEW** your contract without a new agreement. This notification must be received at least **ten (10) business days** before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. Cancelling the PAD Agreement does not affect the obligations between myself and *Vitality Fitness Training Inc.* under any broader contract for services.

Vitality Fitness Training Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Full Name of Member (please print): _____ Type of Service: Business

Amount to be debited on a regular monthly basis: \$ _____

1st Debit: 15/_____/20____ Last Debit: 15/_____/20____
 mm yy mm yy

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone Number: (Home) _____ (Work) _____

Full Name of Account Holder (please print): _____

Signature of Authorized Account Holder: _____

ATTACH VOID CHEQUE HERE

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HST#832789127 RT0001

PERSONAL TRAINING FEE SCHEDULE

Packages are to be redeemed within *one year* from date of purchase.

New membership contracts receive 50% off Personal Training Packages upon initial registration.

A maximum of 10 sessions may be purchased at 50% off; one time only.

All personal training is prepaid and one-hour long.

# of Sessions	Per Session	Package	HST	Total
1	\$60.00	\$60.00	\$7.80	\$67.80
5	\$50.00	\$250.00	\$32.50	\$282.50
10	\$45.00	\$450.00	\$58.50	\$508.50
20	\$40.00	\$800.00	\$104.00	\$904.00

_____ Personal Training Sessions \$ _____
**(50% off for new members, 10 sessions max)*

Gift Certificate # _____ \$ _____

TOTAL (incl. HST) \$ _____

Cash/debit/Visa/Mastercard/chq# _____

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I have been given a copy of the Membership Acknowledgement Agreement and Release.
I understand the current terms and conditions and agree to be bound by them.

Client Signature

Vitality Fitness Training Inc.

DD/MM/YY

Client's Full Name (Please print)

Telephone Number

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Complete Waiver and Release of Liability

In consideration of being allowed to participate in a personal fitness training program and in consideration of my membership and being able to use any *Vitality Fitness Training Inc's.* equipment, I hereby waive, release and covenant not to sue *Vitality Fitness Training Inc.*, its owners, employees, instructors, or agents from all present and future claims resulting from ordinary negligence on the part of *Vitality Fitness Training Inc* or others listed for personal injury or death, or from loss, damage, or theft of personal property. This includes all claims arising as a result of using the facilities and equipment of *Vitality Fitness Training Inc* and engaging in any *Vitality Fitness Training Inc* activities or any activities incidental thereto. On behalf of myself, my family, estate, heirs, or assigns, I hereby voluntarily waive all claims resulting from ordinary negligence.

Furthermore, I am aware that personal training program activities, as well as health and fitness club activities, can range from vigorous cardiovascular activity (i.e. aerobic exercise, running, cycling, treadmills and steppers) to the strenuous exertion of strength training (i.e. free weights, weight machines). I understand that these and other physical activities at *Vitality Fitness Training Inc.* involve certain inherent risks, including but not limited to, death, serious neck and spinal injuries, resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. My participation is voluntary, with full knowledge of such inherent participatory danger, and I hereby agree to assume any inherent risks of property damage, personal injury, or death.

I understand that this waiver is intended to be as broad and inclusive as permitted by Provincial law (Ontario) as well as Federal law (Canada) and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in the Province of Ontario.

I have read this form and fully understand that by signing this waiver, I am giving up legal rights and remedies that may be available to me for the ordinary negligence of *Vitality Fitness Training Inc.* or any of the parties listed above. I am of the age of legal consent (18 years of age).

Signature of Participant (18 years/older)

Date

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Membership Acknowledgement Agreement and Release

Last Name: _____ First Name: _____
Full Mailing Address: _____
Postal Code: _____ Phone# & Alt. Phone#: _____
E-mail Address: _____
Emergency Contact Name & Number: _____

Your Rights under the Consumer Protection Act, 2002

You have the right to cancel this agreement within 10 days of receiving a written copy of the agreement or the day all services are available, whichever is later. You do not need to give the supplier a reason for cancelling during this 10-day period. In addition, there are grounds that allow you to cancel this agreement. You may also have other rights, duties and remedies at law. For more information, you may contact the Ministry of Consumer and Business Services. To cancel this agreement, you must give notice of cancellation to the supplier, at the address set out in the agreement, by any means that allows you to prove the date on which you gave notice. If no address is set out in the agreement, you may use any address, of the supplier, that is on record with the Government of Ontario or the Government of Canada or is known by you. If you cancel this agreement, the supplier has fifteen (15) days to refund any payment you have made and return to you all goods delivered under a trade-in agreement (or refund an amount equal to the trade-in allowance). O. Reg. 17/05, s. 28 (3).

(1) I understand that if I cancel this agreement within 10 days from signing this contract, I will receive a full refund, permitting I have not participated in my Orientation and/or Program Instruction, any class, training session or workouts. If I have participated in any class or workout, I will be charged, at the discretion of the *Vitality Fitness Training Inc.*, \$67.80 for each month used. If I have participated in my fitness orientation, I will not be refunded the orientation fee. If my orientation was bought on a promotion and based on a contract membership, and I have participated in any parts of the orientation, the difference paid from regular cost of \$169.50 will be due.

I have read and understand this term: _____ (initial)

(2) There is a \$37.50 charge for any NSF payments in addition to the monthly payment. If you would like to stop/recall an EFT (electronic funds transfer) payment, *Vitality Fitness Training Inc.* requires written notice on or before the 5th of the month, of the scheduled payment to be withdrawn. If there is no written notice by the 5th of that month, payment will be withdrawn as usual. I understand that if I stop/recall the payment, I am still responsible for that month's payment by some other means on or before the 15th of that month. WE DO NOT AUTOMATICALLY RENEW CONTRACTS. A new contract agreement is required.

I have read and understand this term: _____ (initial)

(3) A minimum of one month Membership can be put "On Hold" at the discretion of *Vitality Fitness Training Inc.*, for a maximum of one year from the start date of hold. *We do Not back date memberships.* Scheduled payments will continue to be debited. See "Schedule A" for further details.

I have read and understand this term: _____ (initial)

(4) Memberships with six months or more remaining can be transferred to a third party, if the third party pays the \$169.50 for the Orientation.

I have read and understand this term: _____ (initial)

(5) I certify that the answers to the questions outlined on the PAR-Q form are true and complete, to the best of my knowledge. I acknowledge that medical clearance is required, if I have answered "yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer/*Vitality Fitness Training Inc.* of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

(6) I have read and understood *Vitality Fitness Training Inc.*'s Privacy Policy. See "Schedule B". I am aware that my picture and fingerprint will be used for identity verification, to gain access to the facility.

I have read and understand this term: _____ (initial)

- (7) I understand the results of any fitness program cannot be guaranteed, and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

- (8) The hard copy of the program remains the property of *Vitality Fitness Training Inc.* A \$15 fee will be charged, if the copy is permanently removed from the premises.

I have read and understand this term: _____ (initial)

- (9) I understand that all private Personal Training rates are based on 1-hour sessions, and should I arrive late, there is no guarantee I will receive the full session with my trainer. If my Personal Trainer is late for a session, I will still receive the full session time. If 24 hours notice is **not** received, by *Vitality Fitness Training Inc.*, I agree to forfeit my Personal Training Session. **Note:** It is advised to book Personal Training appointments, in advance, to ensure trainer, time and date availability. I understand that *Vitality Fitness Training Inc.* recommends that all cancelled appointments be rescheduled, and used within seven days, to ensure consistency and fitness progress.

I have read and understand this term: _____ (initial)

- (10) *Vitality Fitness Training Inc.* operates on a scheduled appointment basis, requiring that I provide 24 hours notice when canceling **any** appointment (i.e. Orientation, Program Instruction or 30 Minute Consultations). No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel an appointment with LESS than 24 hours prior notice, I will be charged a \$30.00 “no show” fee. **Note:** Unpaid “no show” fees will result in my attendance to future classes being blocked and my gym membership will be placed “on hold” until any outstanding “no show” fees are paid. **All** “no show” fees collected will be donated, to local charities, at the end of the year.

I have read and understand this term: _____ (initial)

- (11) I understand that all personal training sessions must be used within 1 year from date of purchase and that no extensions will be warranted under **any** circumstance (i.e. conflicting schedules, emergencies.) Absolutely no refunds, will be offered, on personal training packages, after 10 days of signing this agreement.

I have read and understand this term: _____ (initial)

- (12) All fitness classes are included in any membership. The types of classes offered change periodically. A class may be cancelled if less than 6 clients commit on the chalk board 24 hours before the class is scheduled. *Vitality Fitness Training Inc.* reserves the right to charge a \$10 “no-show” fee for those who are signed up for a class that they do not attend or do not call to cancel, at least 45 minutes prior to class time. The “no show” fees are donated at the end of the year to local charities. Your attendance to future classes will be blocked and your gym membership placed on hold until “no-show” fees are paid.

I have read and understand this term: _____ (initial)

(13) **Rules & Regulations**

All rules are posted. They may change from time-to-time. The rules are for your benefit and protection and must be followed by all members. We reserve the right to cancel or suspend your membership **WITHOUT REFUND** if you: **A.** fail to follow the rules; **B.** cause a nuisance or disturbance; **C.** commit any illegal or immoral acts; or **D.** if we feel your actions may endanger yourself or others. If your membership is suspended, your obligation to make payments under this agreement continues as scheduled. We do not allow any business activity or solicitation at this facility. In particular, solicitation of any business competitive with our business (including Personal Training services) is strictly prohibited.

I have read and understand this term: _____ (initial)

- (14) Absolutely no guests and/or children permitted under **any** circumstance.

I have read and understand this term: _____ (initial)

- (15) Hours of operation may change from time-to-time. Weekend hours are usually reduced during the summer months.

I have read and understand this term: _____ (initial)

- (16) If my blood pressure is (140/100 or higher), I understand that I will have to get written medical clearance, at my expense, before I am able to participate in activities at *Vitality Fitness Training Inc.*

I have read and understand this term: _____ (initial)

- (17) I will only wear clean, indoor shoes, which have NOT been worn outside, or have been scrubbed and disinfected. I will also refrain from wearing fragrances, out of consideration for those with sensitivities and/or allergies.

PAR-Q and YOU

The Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check yes or no opposite each question.

If you answer YES to one or more questions...

You need to get written medical clearance from your physician before we can accept you as a client.

If you answer NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for exercise.

YES	NO	Question
1. ___	___	Has your doctor ever said you have heart trouble?
2. ___	___	Do you frequently have pains in your heart and chest?
3. ___	___	Do you often feel faint or have spells of severe dizziness?
4. ___	___	Has a doctor ever said your blood pressure was too high?
5. ___	___	Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse, with exercise?
6. ___	___	Is there a good physical reason, not mentioned here, why you should not follow an activity program, even if you wanted to?
7. ___	___	Are you over age 65 AND not accustomed to vigorous exercise?

Full Name (*please print*)

Date

Signature



Code of Conduct

1. Respect other members and their personal belongings; please ...

- Provide other members adequate space to work out
- Share equipment and locker space
- Limit your use of cardio equipment, to 10 minutes, during peak times
- Disinfect fitness machines/equipment after use
- Do not interrupt someone during a set
- Remove weights from equipment after use (i.e. hack squat, bench press, calf raise, etc.)
- Refrain from the use of fragrances, as some members may be sensitive or allergic
- Use proper exercise breathing techniques
- Limit cell phone use to emergencies only
- Note that harassment, foul language or rude gestures is unacceptable behaviour

2. Respect Vitality Fitness Training Inc. property and equipment; please ...

- Do not slam or drop weights; gently return them to their proper location
- Use the pulley system in a slow controlled manner
- Notify *Vitality Fitness Training Inc.* staff of malfunctioning equipment
- Notify *Vitality Fitness Training Inc.* staff, if you feel another's actions are endangering you or other clientele
- Return equipment (i.e. Stability Balls, B.O.S.U.'s, benches, etc.) to their proper location
- Do not leave weights (i.e. barbells, dumbbells, plates) on the floor unattended
- Wear clean indoor sneakers and appropriate attire
- Note that clean indoor sneakers may be kept on shoe racks or taken with you. Shoes kept on the racks must be tagged, with your full name and telephone number on one side, and your shoe make, model and size on the other. Tags may be obtained from the 1st shelving unit in the CO-ED area.
- Note that Program Design binders and their contents are the property of *Vitality Fitness Training Inc.*, and are **not** to be removed, from the premises, without staff authorization and sign-out
- Return Program Design binders to the bookshelf when not in use
- Do not share or trade personalized Program Designs with other clientele
- Place used towels in the laundry hampers and empty water bottles in the blue recycling bins

3. Respect Vitality Fitness Training Inc. staff; please ...

- Note that *Vitality Fitness Training Inc.* qualified staff are available to answer fitness-related questions
- Note that harassment, foul language or rude gestures is unacceptable behaviour
- Follow any safety considerations/guidelines set forth by *Vitality Fitness Training Inc.* staff
- Arrive on time for all scheduled appointments
- Provide a minimum 24 hours notice, to cancel any scheduled appointments
- Sign-up **weekly**, on the chalkboards, for fitness classes you wish to attend
- Note that *Vitality Fitness Training Inc.* reserves the right to charge a \$10.00 No-Show fee to participants who do not call ahead to cancel their attendance, at a fitness class, for which they have signed up
- Arrive early and prepared for class (water, shoes, etc.)
- Do not interrupt fitness classes, for any reason, other than an emergency
- Do not "slip into" a fitness class already in session
- Notify *Vitality Fitness Training Inc.* staff, immediately, if you sustain an injury

Our goal is to provide an enjoyable, safe, clean environment for all clientele, while assisting you to reach your fitness goals.

I have read it and I get it!

Client Signature

dd/mm/yyyy

Name: _____

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****PLEASE READ BACK PAGE FOR IMPORTANT INFORMATION PERTAINING TO YOUR ORIENTATION****

PROGRAM DESIGN

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

- S Specific (*provide details, how long, how much, etc.*)
- M Measurable (*how will you measure whether you've reached your goals*)
- A Attainable (*be realistic, set small goals*)
- R Rewards-based (*attach a reward to each goal*)
- T Time frame (*set specific dates for goals*)

The Benefits of a Program

In the following table of 12 benefits, choose the **10** you feel are most important to you and rate them, in *descending* order, from 10 to 1, **10** being the ***MOST important***, **1** being the ***LEAST important***.

	Balance		Mental Health
	Bone Density		Muscle Strength
	Cardiovascular Health		Muscle Tone
	Coordination		Quality of Life
	Flexibility		Reduce Body Fat %
	Insulin Regulation		Sports Specific Training

If you've selected "*Sports Specific Training*", please indicate which sport(s) _____.

Is there anything else you feel is important for you to gain from your time at the gym? If so, please indicate.

Are you a smoker? *(response optional)* Yes No

Do you have previous experience working out in a gym environment? Yes No

Are you confident with free weights? Yes No

Does sweating bother you? Yes No

If YES, is it an issue that could interfere with your workouts? Please explain. _____

Does being sore, the next day, interfere with your daily activities, or discourage you from fitness?

Yes No

Can you tolerate feeling muscle soreness after workouts? Yes No

Do you need “tricks” or “toys” to keep you motivated? Yes No

Do you enjoy trying new things? Yes No

Does your level of balance influence your daily life? Yes No

If YES, please explain _____

How many hours, per day, do you sit? _____

In the following table, realistically, please indicate how much time you’re willing to devote to your fitness program, each day of the week.

Choose from: NT (no time), 30 min., 45 min., 1 hr. or 1 hr PLUS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have a fitness goal? Yes No

If YES, what is it?

Realistically, how long do you feel you will need to reach your fitness goal(s)?

3 Months 6 Months 12 Months Longer

Do you need a Personal Trainer to help you set a goal? Yes No

Will you reward yourself once you reach your goal? Yes No

If YES, please explain.

Females: Are you comfortable working out in a “Co-Ed” environment, or would you prefer your program to include only the equipment on the “women only” side.

CO-ED WOMEN’S ONLY

What to Expect at your Orientation

Please telephone to set up an approximate one (1) hour Orientation appointment, for men. Women, please allow two (2) hours, if a gym environment is a new experience for you, as we have more amenities to offer women.

At your Orientation, we will review this Program Design Questionnaire, discuss membership fees and obtain payment. We will take your blood pressure and instruct you on our weight and cardio equipment. It is recommended, but **not mandatory** to have the Fitness Assessment portion of the Orientation (*please refer to page 4 for more information on the Fitness Assessment portion of the Orientation*).

Upon completion of your Orientation, your Program Instruction appointment will be set-up. Program Instruction times vary; however, please allow between 1-2 hours.

Please adhere to the following conditions for your Orientation appointment. For accurate results, please:

Clothing/Footwear Requirements: Please bring *clean indoor running shoes*, and wear loose, comfortable clothing, with short sleeves.

Food and Beverages: Please **eat** three (3) hours prior to, but not less than two (2) hours prior to your appointment. Please **do not** consume any alcoholic drinks, less than six (6) hours prior to your appointment.

Smoking: Please **do not** smoke, during the two (2) hours prior to your appointment.

Physical Activity: Strenuous physical activity should be avoided for six (6) hours prior to your appointment.

FITNESS ASSESSMENT TESTING

Your *Fitness Assessment* results are intended to give us a baseline for designing a fitness program, specifically tailored to you. This approach has proven to be a tremendous motivator, when you look back and see how far you've progressed. We will assess the following:

Mandatory:

- Blood pressure

Optional:

- Weight, height and body fat (recommended, but not mandatory);
- Muscular Endurance - by means of partial Curl-ups and Push-ups;
- Muscular Strength - by a Reach and Jump test and a piece of equipment;
- Flexibility - by a Sit and Reach test;
- Cardiovascular - by a 5 minute FIT-TEST on a treadmill. An alternative method for the FIT-TEST may be done for clients unable to walk on the treadmill.

Four (4) components of the fitness assessment can be modified or eliminated, and tailored to your comfort level (FIT-TEST, Curl-ups, Push-ups, and the Reach and Jump test).

If you're a little apprehensive about your appointment, please contact us. We will be pleased to reassure you of any concerns you may have. Your fitness experience should be self-satisfying and most of all FUN! Rest assured all your information is kept in strictest confidence!

Meet Our Staff

Kurt Gebhardt: (50% owner): Kurt has a lifetime of fitness experience. He is a huge sports fanatic with a weakness for baseball and running. He is very social, approachable and energetic. His main goal is to help his clients become more active by taking the *Vitality* approach. His clients expect to be pushed and will get what they've come for!

Holly Booth: (50% owner): With over 10 years experience, Holly's clients are motivated by original ideas and new moves all the time. Her clients expect a challenge. She believes in fitness that helps the individual perform ones daily tasks. She's a quick thinker and an even faster talker. This 30 something easy going gal is not one to sugar coat anything..

Becky Kelly: As a mother of two, certified BOSU instructor, Gymstick instructor and Resist-A-Ball; Core Level 2 instructor, Becky believes that getting and staying healthy is a lifestyle change not an overnight success. Since joining us in 2003, she's been known to be innovative, witty and ORGANIZED! Becky approaches everything in moderation, even with her weakness for "treats". Becky has a diverse client base including pregnant moms and middle-aged fitness new comers.

Linda Jorgensen: A 50-something mother of one, Linda is an enthusiastic and innovative individual, certified Personal Training Specialist, certified Resist-A-Ball, C.O.R.E. Level 2 and Drums Alive instructor, and an experienced Spinning/Group Cycling instructor. With a lengthy background in fitness, her primary goal is to build on her current knowledge and continuously encourage her clients to focus on reaching their personal fitness goals.

Nicki Goetz: Joined our team in January 2011, after graduating from Brock University, with a Bachelors degree in Kinesiology. As a student, Nicki worked as an athletic trainer for the Brock Varsity Rugby and Swim team, rehabilitating athletes back from injury. In addition, she also worked with the elderly community. Here she had the opportunity to create and monitor fitness programs to improve balance and gait. Her clients come in a range of ages and fitness levels. Nicki loves competitive sports (hockey and soccer) and has been physically active all her life.