

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



Phone: 613.258.4001  
vitalityfitness@bellnet.ca  
www.vitalityfitnessstraining.com

## 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	Price/Session	Package Price	HST	Total
1	\$60	\$60.00	\$7.80	\$67.80
5	\$50	\$250.00	\$32.50	\$282.50
10	\$45	\$450.00	\$58.50	\$508.50
20	\$40	\$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# \_\_\_\_\_

***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/YYYY

\_\_\_\_\_  
Full Name (please print)      Telephone Number

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## Personal Training 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) There is a \$37.50 charge for any NSF payments.

I have read and understand this term: \_\_\_\_\_ (initial)

- (2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete and 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)

- (3) 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*.
- (4) 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)

- (5) 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 (7) days, to ensure consistency and fitness progress.

I have read and understand this term: \_\_\_\_\_ (initial)

- (6) I understand that all Personal Training sessions must be used within one (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)

- (7) I understand that I am under the supervision of a *Vitality* staff member at all times and must abide by the rules set forth by *Vitality Fitness Training Inc.* Refer to ***Code of Conduct*** for further information.

I have read and understand this term: \_\_\_\_\_ (initial)

- (8) Absolutely no guests and/or children allowed under *any* circumstance.

I have read and understand this term: \_\_\_\_\_ (initial)

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

I have read and understand this term: \_\_\_\_\_ (initial)

- (10) 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.

I have read and understand this term: \_\_\_\_\_ (initial)

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## **Personal Training Complete Waiver and Release of Liability**

In consideration for being allowed to participate in a personal fitness training program and being able to use any *Vitality Fitness Training Inc.* 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, can range from vigorous cardiovascular activity (e.g. aerobic exercise, running, cycling, treadmills, steppers) to the strenuous exertion of strength training (e.g. 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 form, 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 age of legal consent (18).

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*Signature of Participant 18 years/older*

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*Date*

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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).

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**Signature of Participant (18 years & older)**

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**Date**



## 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!*

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Client Signature

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dd/mm/yyyy

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## **Privacy Policy**

At Vitality Fitness Training Inc. your privacy is important to us.

During your registration process, you will be asked to provide us with personal information which will be used for administration purposes. This will include your name, mailing address, email address, telephone number and emergency contact information. Your email address will be used to inform you of changes to our policies, cancellations and up-coming promotions.

Vitality Fitness Training Inc. also utilizes a biometric access system which requires the use of a fingerprint and a photograph to verify your identity and grant access to the facility. Your fingerprint is encrypted and cannot be used outside of Vitality Fitness Training Inc. software.

All information collected by Vitality Fitness Training Inc. will be kept completely confidential, and will not be sold, traded or divulged unless required by law.

Vitality Fitness Training Inc. reserves the right to amend this policy.

January 4, 2009

# 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. <input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said you have heart trouble?
2. <input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have pains in your heart and chest?
3. <input type="checkbox"/>	<input type="checkbox"/>	Do you often feel faint or have spells of severe dizziness?
4. <input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever said your blood pressure was too high?
5. <input type="checkbox"/>	<input type="checkbox"/>	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. <input type="checkbox"/>	<input type="checkbox"/>	Is there a good physical reason, not mentioned here, why you should not follow an activity program, even if you wanted to?
7. <input type="checkbox"/>	<input type="checkbox"/>	Are you over age 65 <b>AND</b> not accustomed to vigorous exercise?

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Full Name (*please print*)

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Date

---

Signature

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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.

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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?

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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.

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**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 Team**

### **Kurt Gebhardt**

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!

### **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.

### **Rebecca (Becky#2) Langstaff**

Becky graduated from the Fitness and Health Promotion Program from St. Lawrence College (Kingston) in June 2011. Certified as a personal trainer with YMCA and CSEP – CPT, certified group fitness instructor with Can-Fit-Pro and is a Zumba Basic and Gold instructor. Becky has been physically active her whole life with figure skating, track and field and tennis.

### **Brodey Richardson**

Brodey is a graduate from the Fitness and Health Promotion at Algonquin College (Ottawa). Certified as a personal trainer through CSEP. He has lived in the North Grenville area all of his life. He is very friendly and has a positive outlook on healthy active living. Working on balance and core strength is a big priority to him and his clients. Brodey has a strong background in sports and enjoys staying active.