



PERSONAL TRAINING

St. Vrain Memorial Building, 700 Longs Peak Ave, Longmont, CO 80501 303-651-8404

Centennial Pool, 1201 Alpine St, Longmont, CO 80504 303-651-8406

Longmont Recreation Center, 310 Quail Rd, Longmont, CO 80501 303-774-4800

TRAINING SESSION(S) ARE GOOD AT ALL FACILITIES TAILOR YOUR PROGRAM TO YOUR NEEDS

Introduction:

The City of Longmont is offering Personal Training Services to help YOU attain a higher Quality of life. Personal Training is a one-on-one program with a certified professional to try to meet your specific fitness needs and goals. Our Personal Training team can benefit people in several ways:

- To provide personal instruction and education in fitness areas.
- To tailor fitness programs to meet individual needs and limitations.
- To help people reach their personal fitness goals.
- To introduce people to a variety of exercise format.
- To provide Fitness Assessments.

PACKAGES AND PRICING: Must PRE-PAY at the front desk. Each training session is an hour.

Private Training

One on One: \$49.00 Resident / \$61.00 Non-Res
5x Punch Card: \$220.00 Resident / \$275.00 Non-Res
10x Punch Card: \$383.00 Resident / \$479.00 Non Res

Semi-Private Training

Two per One: (Semi Private) \$60.00 Resident / \$75.00 Non-Res
5x Punch Card: \$273.00 Resident/ \$341.00 Non-Res
10x Punch Card: \$495.00 Resident/ \$618.00 Non-Res

Intro to Personal Training Package

If you are new to training or haven't trained in over one year this is a great place to start! Our trainers will work to inspire and encourage YOU to develop healthy habits and routines through the safe delivery of effective programs, instruction, motivation and education. Each session is 1 hour.

3 sessions for \$105 res/ \$130 non-res

3 semi private sessions for \$162 res/\$200 Non-res

You will be issued a Coupon for each session(s) you purchase.

Coupons must be presented to your trainer at time of session and be initialed at the front desk of the facility where training session is to be redeemed.

**** 24 Hour Cancellation Policy ****

You must give your Trainer (not the front desk staff) 24 hour notice if you need to reschedule a session otherwise you forfeit that session coupon.

PAPERWORK:

In order for a trainer to properly determine which fitness assessment to use, to determine a safe effective program to meet your needs, and to determine a program that will incorporate your lifestyle and personal preferences. The trainer will answer any questions at the time of the first meeting and review the operational and liability issues in Personal Training.

This packet contains the following forms:

- Waiver of Liability Form
- Health and Medical Screening Form
- Physician's Release (May be required by trainer)

Based upon your Health and Medical Screening Form, your trainer may request a Physician's Release. Please understand that Personal Trainers cannot guarantee that you will reach your goals. Their purpose is to try and determine the best programs for the individuals they work with, but certain genetic factors, health factors, and adherence factors can affect progress toward a goal.

PLEASE NOTE: TRAINERS CANNOT ACCEPT CASH / TIPS AS A CITY EMPLOYEE

City of Longmont Recreation - Personal Trainers

Bios and Contact Info

Buck Johnson

Phone: 217-652-5797

email: onetwo1Fitness@gmail.com



I work with all ages of clients, with a focus on those 50 years and older. This is primarily to show them that Personal Fitness and Wellness can begin and be maintained at any age! I focus in Resistance Training (weights) and Cardiovascular Training. If I was asked if I had a “personal fitness creed” I live by, I believe it would be this, “Keep it simple, and keep it up!”. My workout sessions are kept simple and easy to understand. Fitness doesn’t need to be complicated to be successful, and when our training together is completed, you can easily duplicate and maintain the exercises and routines on your own, as you travel forward on your new and improved fitness journey.

Heather Pacaro

Phone: 720-840-8517

email: hpacaro@gmail.com



I’m a former Corporate Grinder who decided to turn my long term passion for fitness into a career so I could help more people avoid the burnout I had experienced by putting my health at the bottom of the priority list. Since leaving the office life in 2015, I’ve been certified in Personal Training and Group Fitness through ACE and Health Coaching through the Institute for Integrative Nutrition. I’m a big advocate of personal development and believe that total health touches all aspects of our life. I love helping women achieve the personal transformation they have always wanted but no longer believed was possible.

Margie Welsh

Phone: 303-485-9394

email: welsh@mailbag.com



I am a Certified Personal Trainer interested in wellness and fitness for the Over 55 Crowd! From balance and stability, to strength training, and activities for daily living and enjoyment, I look forward to partnering with you as you work towards your fitness goals! I entered this career, reimagining life, after my earlier profession in agriculture and natural resources, wanting to encourage, motivate and stay in touch with other “Senior Citizens”, who like me, wish to keep on enjoying life and exploring the many avenues to fitness.

Ignacio Malpica

Phone: 303-570-1031

email: malpicafit@gmail.com



Ignacio teaches and instructs Circuit Training, swimming, boot camp, Self-defense for women, kickboxing and Personal training. He works with all ages and physical abilities and enjoys continual learning new techniques and approaches. Ignacio is a fervent believer in the ability of people to become stronger and more confident at any age. His motivation is to stay healthy and strong while having fun! “Wellness is in the journey” WITS Certified fitness, swimming instructor and personal trainer. Certified and trained 2nd degree black belt martial arts instructor in Tae Kwon Do. He Studied and practiced performing arts in México D.F. and Boulder Colorado, modern, Regional folkloric, and African dance.

Martha Walker

Phone: 303-522-9702

email: marthawalker31@gmail.com



Martha teaches Silver Sneakers Yoga, Circuit, Classic and Cardio, Yoga, TRX and Balance and stability classes. “you get fit in the gym and you get thin in the kitchen” When we work together, I want to know everything about you: what are you eating, how are you sleeping, how do you deal with stress? You cannot reverse unhealthy eating simply by working out and you cannot eat yourself strong. Both are necessary components of a healthy lifestyle and I am ready to coach you in both areas. Let’s get started today!

Yamilet Llamera

Phone: 786-234-9032

email: fitnessmattersy@gmail.com



As a **Personal Master Trainer, TABATA** and **TRX** instructor my focus is to help you reach your health and fitness goals. In order to improve your body mechanics and reduce body fat, I use different exercise modalities to suit the client's needs, such as calisthenics, plyometrics, resistance & weight training, TRX (suspension training) and HIIT (TABATA). I've worked with clients of all fitness levels to achieve lasting results. *I specialize in working with: Small groups, Families, Couples & 30 min. sessions. Contact me for a free consultation. Hablo Español

Brian Governson

Phone: 303-359-2358

email: mtngoosework@me.com



I'm a Colorado native! I grew up exploring and photographing our beautiful mountains, backpacking, skiing and fishing. I earned my degree in microbiology at C.U. Boulder and went on to earn a master's degree in secondary science education. I had a successful career in the biotech industry, performing cancer research for 20+ years. I recently changed my career, following my heart to serve others. I graduated from the National Personal Training Institute as a Certified Personal Trainer. I've overcome being overweight with high cholesterol and blood sugar. I'm passionate about educating anyone wanting to support their health using 5 principles of fitness: cardiorespiratory fitness, resistance/weight training, core strength, flexibility, and balance. I train clients of all ages as well as anyone looking to make a healthy life style change.

Trish Hetherington

Phone: 303-775-9365

e-mail: trainingxtrish@me.com



I have over 27 years of experience in the fitness industry. My personal belief is in a lifetime of (functional) health and wellness. I specialize tailored programming for clients who are obese, pre/post rehabilitation, seniors, pre/post natal, and other special populations. My formats are flexible and can include aquatic exercises, weight training, and a variety of options depending on the needs and tastes of my clients. My availability is varied, so please email for an appointment/consultation.

Eric S Lee

Phone: 720-335-1069

email eric@dreamsemerge.com



We'll work together to achieve your fitness goals from the inside—out, making sure that you develop your understanding of fitness, nutrition and exercise by addressing the internal barriers that could be holding you back, and by also focusing on your greatest strengths to help keep you motivated. As my client you can expect to create a successful, goal oriented exercise routine to increase your core conditioning, nutritional awareness, fat loss, muscle tone, flexibility, cardiovascular health and endurance. I am a certified sports conditioning specialist, so for sport specific athletes—I'll help you attain your peak athletic performance! Can you envision your success? I CAN! Contact me for a free consultation today! AFPA, NASM & ACE certified.

Sheila Zeigelheim

Phone: 720-271-9991

email szigcolo@yahoo.com



Come see me for a free consultation and we can discuss your health and fitness goals and map out a plan to get you where you want to be! I focus on educating you about how to get the results you want and the importance of sticking with your program, in addition to teaching you how to prevent injuries while achieving your goals. Personal: I want to share with you I have endured physical related challenges during my fitness career (unrelated to training) and it may have slowed me down at times, but it has never stopped me. It takes personal integrity, discipline and dedication to stick with a healthy lifestyle. I believe there are absolutely no limits but the ones we place on ourselves. Reaching our fitness goals affects all areas of our lives.

NEED HELP PICKING A TRAINER THAT IS RIGHT FOR YOU?

Carla Mathers

Phone: 303-774-4752

email carla.mathers@longmontcolorado.gov



I am the Fitness Specialist for the City of Longmont and I would love to sit down with you to help you find the right fit from our wonderful trainers if you need some guidance. Otherwise, reach out to them directly for a consultation! I am a certified personal trainer and group fitness instructor with a degree in Food Science and Human Nutrition from Colorado State University! My passion is Health and Fitness. I had a very active upbringing with hiking fourteen thousand foot peaks, rock climbing, playing sports and just enjoying the outdoors. I have an enthusiasm for life in general and love to share that with people. Don't hesitate to reach out with questions!

Waiver of Liability

Agreement of Release and Waiver of Liability for the City of Longmont, their Personal Trainer's and their Clients.

I, _____ hereby agree to the following:

1. That I am participating in fitness evaluations, exercise programming, and muscular exercises programmed by _____ (trainer's name) during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, abnormal blood pressure, fainting disorders of the heart rhythm, and in rare instances heart attack, stroke or even death. I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the fitness evaluations, exercise programming, and muscular exercises programmed by _____ (trainer's name). I represent and warrant that I have disclosed all medical conditions and can participate in the fitness evaluations, exercise programming, and muscular exercises programmed by _____ (trainer's name).
3. I agree to assume fully responsibility for any risks, injuries, or damages, known or unknown, which might occur as a result of participating in the program.
4. I understand that there are certain risks involved with participating in the fitness evaluations, exercise programming, and muscular exercises identified above. I hereby release, discharge and agree to hold harmless the City of Longmont, and its officers, agents, volunteers, assistants, and employees, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to me as a result of participating in these activities. This release, liability waiver and hold harmless statement does not apply if such injury, death or damage is caused by the willful or reckless actions or gross negligence of the City of Longmont, or its officers, agents, volunteers, assistants or employees.
5. I have been informed that during physical exercise, I will be asked to complete the activity unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that time, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform _____ (trainer's name) of my symptoms. I hereby state that I have been so advised and agree to inform _____ (trainer's name) of any symptoms that develop during exercise or if my health or medical condition change.
6. I understand that this program may or may not benefit my physical fitness or general health. I am aware that my own level of participation, other health related problems, and genetic conditions known or unknown may affect progress.
7. I understand that during fitness evaluations or exercises _____ (trainer's name) may be required to and has my permission have physical contact with me to administer body fat tests, correct exercise form or spot me through exercises for my safety.

8. I have been informed that all information obtained in the program will be treated as privileged and confidential. Check and complete one of the options below.

I _____ (your name) want _____ (trainer's name) to be able to share information about my program to my physician.

I _____ (your name) do not want _____ (trainer's name) to be able to share information about my program to my physician.

My Physician's name is _____.

Signed _____ Date _____

Physician's Release – May Be Required By Trainer

Date _____

Dear Dr. _____:

_____, one of your patients, has come to me for personal training. I have completed a medical history form and would like to recommend the following activities:

<u>Type</u>	<u>Frequency</u>	<u>Duration</u>	<u>Intensity</u>
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If _____ is on any medications that would affect their heart rate or ability to perform physical activities, please indicate the medications and their effects:

<u>Medication</u>	<u>Effects</u>
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Please list any recommendations, restrictions, or concerns you may have about _____ participating in an exercise program.

Sincerely,

(Your Name)

Health and Medical Screening Form

Name _____ Age _____ Gender M / F Date _____

Physician's Name _____ Physician's Phone # _____

Emergency Contact #1 _____

Emergency Contact #2 _____

General Questions:

Yes No

Are you currently taking any drugs or medication? _____

If yes, what are they _____

Does your doctor know you are initiating an exercise program? _____

Has your doctor ever said you should not participate in an exercise program? _____

Has your doctor ever said you have a condition where you need to exercise? _____

Program recommended by your doctor _____

Do you have chest pains when your physically active? _____

Have you recently had chest pain while inactive? _____

Do you have problems with balance, dizziness or loss of consciousness? _____

Do you have joint problems that make physical activity difficult? _____

Do you have any reason why you should not participate in an exercise program? _____

Specific Questions: *Check all that apply both now and in the past.*

Recent illness or hospitalization _____ Rheumatic Fever _____

History of heart problems, chest pain or stroke _____ Abnormal resting or stress ECG _____

Irregular heart beat _____ High blood pressure _____

High cholesterol _____ Surgery _____

Pregnancy _____ Hernia _____

Breathing or lung problems _____ Shortness of breath _____

Pulmonary disease (asthma, emphysema, bronchitis) _____ Light headedness or fainting _____

Orthopedic, muscle, joint or back problems _____ Diabetes or thyroid _____

Smoking _____ Obesity _____

Chronic illness or condition _____ Difficulty with exercise _____

Physically inactive _____ Emotional Disorders _____

Comments:

I, _____, have read, understood and completed the questionnaire. Any questions I had were answered satisfactorily.

Signature of Client _____

Date _____

Signature of Trainer _____

Date _____