

PHILIP PHYSICAL THERAPY FITNESS TRAINING AGREEMENT

Name: _____ Email Address: _____

Address: _____

Home Number: _____ Mobile Number: _____

Per Session - \$145.00
11 Session Packages 11 sessions - \$1450.00 (savings of \$145)

In consideration of my being able to participate in the Fitness Training Program, I understand I must purchase a single or package of training session(s) and must read and agree to sign this agreement where I assume the risks of participation, waive of liability and training policies and procedures. **INTIAL HERE**_____.

I understand that the program is voluntary and that a Physical Therapist will develop and guide me through my exercise program. I represent that I will complete the Intake Forms and any other health history form accurately and completely including disclosure of any prescribed medication I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program if my medications, condition or medical limitations should change, I will notify Dr. Peter A. Philip. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have had a physical exam and have been given my physician's permission to participate or I have decided to participate without the approval of my physician. **INTIAL HERE**_____.

I understand that a Physical Therapist will review my life style and any other health history form, but that a Physical Therapist is not a physician and cannot replace the expertise of a physician. **INTIAL HERE**_____.

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Physical Therapist or Physical Therapist Assistant of any symptoms such as fatigue, shortness of breath or chest discomfort. **INTIAL HERE**_____.

I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training) all of which increase heart rate and body temperature. **INTIAL HERE**_____.

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, hear attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill which I conduct myself in that activity or program. **INTIAL HERE**_____.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby assume all of the risks of injury and damages caused by the negligent act or omission of any of those persons or entities mentioned above. **INTIAL HERE**_____.

Package Sessions are non-refundable.
Package Sessions must be paid in full at the time of sign-up.
Client must give 24 hour advance notice if unable to keep appointment, less than 24 hours or a no-show will result in a charge of \$50.00

AGREED TO BY, PLEASE SIGN _____ **DATE:** _____

Philip Physical Therapy - 42 Vittti Street - New Canaan, Connecticut 06840

January 2017