

GET PHYSICAL LLC

CONSENTS AND RELEASES FOR WELLNESS CLIENTS

Client Name: _____

Date: _____

Consent To Receive and Participate in Health and Wellness Services

I hereby consent to receive and participate in health and wellness services at GET PHYSICAL LLC. I assume full responsibility while voluntarily participating in health and wellness sessions at my sole risk and shall abide by rules and regulations specified by the owner or instructor regarding use of the facility and equipment. If I am 65 years of age or older, I certify that I do not need skilled physical therapy, have met my physical therapy goals, have been discharged from physical therapy, or have reached a plateau in physical therapy and further skilled visits cannot be medically justified. I wish to pay privately for services to maintain or improve my life style, physical fitness, physical performance, endurance, balance, flexibility, strength, conditioning, and/or mobility.

Initial: _____

Financial Agreement

I understand I am responsible to GET PHYSICAL LLC for all charges incurred at the time of service. All pre-paid services, including but not limited to multiple session packages, are non-refundable and must be used within the allotted time. Any unused portions not used within the allotted time frame will be forfeited.

Initial: _____

Cancellation Policy

A minimum of **24 hours notice** is required to cancel your appointment. If you need to cancel a Monday appointment, you must call the morning of the Friday prior. Because I schedule only client per hour, this allows me to fill any cancellations with clients on my waiting list. Unforeseen events do happen, which is why one late cancellation or no-show is allowed. Future late cancellations and any no-shows will incur full charge of missed appointment payable on the day of your next session.

Initial: _____

**I hereby certify that I have read and understand everything presented on this page.
I hereby also certify that I have received Notice of Privacy Policy for Get Physical LLC**

Client/Responsible Party Signature: _____

Printed Name: _____

Date: _____

GET PHYSICAL LLC

RELEASE OF LIABILITY (client/legal representative)

- I assume full responsibility while voluntarily participating in a physical therapy session and/or a health and wellness program at my sole risk and shall abide by rules and regulations specified by the owner or instructor regarding use of the facility and equipment.
- I am aware that there exists the possibility of certain conditions during or following exercise. These might include, but are not limited to: light-headedness, fainting, abnormalities of heart rate or blood pressure, ineffective heart function, and potentially heart attack or stroke.
- It is strongly recommended that I receive medical clearance from my primary physician prior to beginning a new exercise program.
- I hereby release GET PHYSICAL LLC, its instructors, owners and other participants, from any liability for injury or damages while using the facilities located at 2700 SE 2nd Street, Pompano Beach, FL 33062. GET PHYSICAL LLC will not be subjected to any claim, demand, injury or damages whatsoever, including, without any limitation to those damages resulting from acts of active or passive negligence on the part of GET PHYSICAL LLC, its owners, agents, contractors, employees or other participants. The client, for him/herself and on behalf of his/her executors, administrators, heirs and successors does hereby expressly forever release and discharge GET PHYSICAL LLC, its owners, agents, assigns and successors from all such claims, demands, injuries, damages, actions or causes of action to the fullest extent permitted by law. I also agree that GET PHYSICAL LLC is not responsible or liable to clients for articles damaged, lost or stolen in or about the facility.
- As a courtesy to other clients who might be sensitive or allergic, please do not use perfumes or colognes.

Initial: _____

I have read the above statements and my signature indicates my full participation and agreement for services at GET PHYSICAL LLC. I have read this release of liability and assumption of risk agreement and fully understand its terms. I am signing this Release of Liability freely and voluntarily without any inducement.

Client/Responsible Party Signature: _____

Printed Name: _____

Date: _____