



EXERCISE PROGRAM CONSENT

Results Physical Therapy offers an exercise program for patients who desire to visit the gym for an hour long session to utilize the exercise equipment. During each visit I understand the equipment is first priority for a current patient or employee. I agree to clean and return equipment back to it's original location after use. I agree to keep track of my exercises and any level changes on my exercise flow chart and I may ask a Results PT or PTA about improvements to the exercise program if desired.

A Results employee will instruct and review exercises with me during the first visit. Appointments for the exercise program can be secured during the hours of 8:00a and 6:00p Monday through Thursday and between 8:00a and 2:00p on Fridays.

Please indicate your preferred payment option:

_____ I agree to pay \$100.00 for 12 visits

_____ I agree to pay \$10.00 per visit

I understand it is my responsibility to consult with a physician prior to and regarding my participation in this exercise program. I represent and warrant that I have no medical condition that would prevent my participation.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result. Such risks may include but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splits, knee injuries, back injuries, or death.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions as stated above.

Signature

Date

Print Name