S&C Fitness Program

Please observe the following rules and procedures while participating in the program.

1. Fees are $100 per month.
2. Monthly membership fees are due on the first business day of each month.
3. Patients receiving therapy services have priority for use of equipment.
4. Street shoes are not allowed on the equipment. In order to maintain cleanliness and function of equipment, please wipe off equipment following a workout to ensure a clean environment for all members. Towels are not provided by facility.
5. Weight machines will be used in a controlled and safe manner to avoid slamming of weights. Free weights will also be used in a controlled and safe manner.
6. Please sign in and out on the clipboard at the front desk.
7. There are no children allowed in the facility unattended during your adult workout class.
8. Advanced Rehab & Sports Medicine is not responsible for injuries sustained from use of equipment during workout sessions.

I have read the above mentioned rules and procedures and agree to the terms noted herein. I understand that my membership may be revoked without refund of paid fees if these terms are broken.

Signature	Date
Parent Signature (if student is under 18)	Date
Witness	Date

S&C Fitness Release & Waiver

1. I accept full responsibility of my use of any and all equipment, apparatus, facility services or privileges whatsoever, owned by Advanced Rehab & Sports Medicine. Use of this equipment is at my own risk and I shall hold Advanced Rehab & Sports Medicine harmless for any and all loss, claim, injury, damage or liability sustained or incurred by me resulting there from.

2. I am physically sound and have no medical reason not to proceed with a normal routine of exercise, and all exercises shall be taken by me at my sole risk. I am in good health and have no conditions that would be aggravated by my involvement in cardiovascular, weight training or bodybuilding, nor do I have any physical limitations that would preclude said involvement.

3. I am aware that Advanced Rehab & Sports Medicine will not in any event provide medical and/or hospitalization insurance for my benefit and in the event of injury to my person occurring either as a result of my being on a portion of the premises of Advanced Rehab & Sports Medicine. I will hold harmless and keep indemnified Advanced Rehab & Sports Medicine from and against any and all actions, claims, cost expenses or demand, in respect of such injury or injuries, including death, however caused, arising out of or in connection with my use of the facilities.

4. I will abide by the rules and regulations of Advanced Rehab & Sports Medicine and further agree that if I fail to comply, the staff shall have the right at anytime, in their sole and absolute discretion to restrict my usage of any and all equipment.

5. I am hereby informed of my option to sign a release, however, I elect to forego that option, and I therefore acknowledge and intend that this release and waiver of rights shall be effective on the date hereof, when I use the Advanced Rehab & Sports Medicine Facilities.

I have read the above terms and intend to be legally bound hereby and understand this document to be a complete waiver and disclaimer in favor of the Advanced Rehab & Sports Medicine of any and all liability, and I hereby affix my signature hereto:

Signature	Date
Parent Signature (if student is under 18)	Date
Witness	Date

S&C Fitness Personal Fitness Profile

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone ( ) - Work Phone ( ) -

Date of Birth / /

Are you presently involved in an exercise program? YES _____ NO _____

If Yes, please explain: _____

On a scale of 1 to 10, how would you rate your current fitness level?

(1 Lowest & 10 Highest) 1 2 3 4 5 6 7 8 9 10

Person to contact in case of emergency

Name: _____ Relationship: _____

Home Phone ( ) - Work Phone ( ) -

Do you have, or have you had in the past:

Yes _____ No _____ History of Heart Problems, chest pains or stroke *
Yes _____ No _____ History of Seizures or Seizure Disorders *
Yes _____ No _____ Increased Blood Pressure *
Yes _____ No _____ Any Chronic Illness or Condition *
Yes _____ No _____ Difficulty with Physical Exercise
Yes _____ No _____ Advice from a Physician not to Exercise *
Yes _____ No _____ Lower Back or Neck Pain or Stiffness *
Yes _____ No _____ Suffered from Headaches or dizziness or difficulty in sleeping
Yes _____ No _____ Recent surgery (Last 12 Months)
Yes _____ No _____ Pregnancy (now or within the last 3 months)
Yes _____ No _____ History of Poor Breathing or Lung Problems *
Yes _____ No _____ Muscle, Joint or Back Disorder or previous injury still lingering
Yes _____ No _____ Diabetes or thyroid condition *
Yes _____ No _____ Increased Blood Cholesterol
Yes _____ No _____ History of Heart Problems in Immediate Family
Yes _____ No _____ Hernia, or any condition that may be aggravated by lifting weights *

Any "Yes" answers may require a physician release to participate

_____ _____
Signature Date

_____ _____
Witness Date

Form #0003

S&C Payment Profile

Name: _____

Membership Fees:

Membership	$100.00

I acknowledge that I am responsible for payment of bills for my Strength and Conditioning Membership to Advanced Rehab & Sports Medicine. I wish to pay for this membership by:

- ❑ Cash / Check
- ❑ Credit Card (please complete Signature on File Payment Authorization Form)

Membership fees will become due on the first of every month. I agree to pay these fees.

_____ _____

Signature Date

In the event that I wish to discontinue my membership, I will notify the Office Manager of my intentions, and he or she will remove me from the membership roster, beginning on the first day of the following month. Additionally, if my account becomes delinquent beyond thirty days, my membership will be canceled.