

Date turned in: _____

Jack Link's Aquatic & Activity Center

Corrective Exercise Training Request

Dates & times are based upon Specialist's availability



Individual's Name: _____
Address: _____ Age: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Session Information

Get help with preventable ankle, knee, low back, hip, shoulder, cervical spine, elbow, or wrist pain, as well as muscle-related pain or movement limitations. With **Corrective Exercise Training** you'll learn to identify and correct the most common movement dysfunctions, get back to normal function, or prevent future dysfunctions from occurring.

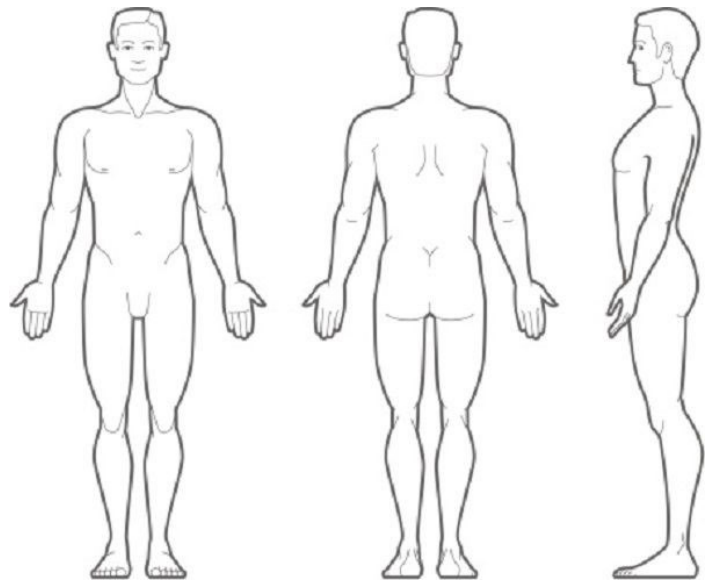
You will go through a static assessment that will give the Corrective Exercise Specialist vital information to begin identifying areas of concern in the human movement system. Movement assessments will further identify areas of dysfunction and what the program focus should be. These assessments will provide the roadmap for correcting the dysfunctions.

CES Program Member Only \$85

This includes two 30-minute sessions, one session to do the assessments, one session to show the client what exercises and areas to work on to help correct any dysfunction(s).

You will receive a specialized workout template that you can keep that will explain what exercises to do.

Please circle areas of discomfort



Available Days / Dates / Times:

*Minimum 7-day notice on all sessions

Notice

Canceling or rescheduling a session must be done at least 24 hours prior to the scheduled session. If notice is not given at least 24 hours prior, the session will be forfeited.

Alcohol & Tobacco: No alcohol is allowed in the facility unless provided or purchased onsite. Tobacco usage only in designated areas. Guests should be informed prior to their arrival. _____ (initial)

Photo Release: I hereby give permission for myself or any party participants to be photographed/videotaped with the possibility of being used in JLAAC publicity and I give exclusive rights to these photos/videos to JLAAC and waive all claims of compensation for usage. _____ (initial)

Liability: The member or guest will not hold the JLAAC or any of its staff responsible for the failure to execute an event due to circumstances beyond their control, such as, but not limited to, acts of God, public emergencies, or threats to the community. The member or guest will be required to sign below the "Release of Liability and Assumption of Risk" in which the member or guest assumes the risk of injury or property damage as part of that group, and for injury or property damage sustained by others that results from the group's use of the premises. The JLAAC reserves the right to refuse service to, exclude or terminate any group or individual deemed to be hostile with, or is at risk to, the JLAAC, its programming, property, interests and mission. Organizations not a part of JLAAC or one of its programs and participating in a high-risk activity (i.e. swimming and pool activities, organized athletic event, etc.) on an exclusive basis must provide a Certificate of Insurance as evidence of general liability insurance limits of at least \$2,000,000 Combined Single Limit for Bodily Injury & Property Damage. The general liability policy shall name JLAAC as an additional insured on a primary and non-contributory basis, and include a waiver of subrogation in JLAAC's favor for any and all claims made, to the extent permitted by law. _____ (initial)

Fees & Payments: Sessions must be booked a minimum of 7 days in advance. In order to reserve your session, the total payment is required 24 hours before the booked session. If a refund adjustment needs to be made to an invoice after final payment is made, the JLAAC will distribute the refund back to the member or guest in the form of a JLAAC account credit only. The JLAAC reserves the right to change the meeting space as needed to maximize program effectiveness or facility usage. The full payment is due prior to the start of the first session. _____ (initial)

Cancellations: If a cancellation is made by the member or guest prior to 24 hours before the session, that session can be rescheduled, depending on availability. The rescheduled date must be made within one (1) month of the original session. If a cancellation is made by the member or guest within 24 hours of the session, that session will be forfeited. If a session is cancelled by the JLAAC for unexpected circumstances, the session can be rescheduled or a session refund can be made. If an incident resulting in a session cancellation happens by the JLAAC once the session is underway, a new session will be scheduled at no charge. _____ (initial)

Release of Liability and Assumption of Risk: I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity. Having such knowledge, I hereby acknowledge and release JLAAC and any JLAAC Team Members, representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program. I choose to participate of my own free will. In consideration of the permission to participate extended to me and for the services furnished to me I do hereby for myself, my heirs, spouse, children, unborn children, personal representatives, and agents release and forever discharge any and all claims, demands, actions or lawsuits on account of my injury or death that might occur as a result of negligence on the part of myself or other persons affiliated or not affiliated with this contract. By signing below, I (we) affirm that I (we) have read and understand all of my (our) rights as outlined in this agreement.

Member/Guest Signature: _____

CES Signature: _____ Recreation Director Initial: _____

Office Use Only:

Mx Activity Created []
7Shift Scheduled []
Scanned to Account []

Session Total: \$ _____

Deposit Paid(date): _____

Payment Type: _____

Full Payment (date): _____