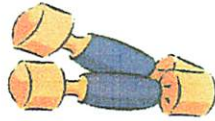


EXCEL PHYSICAL THERAPY, INC.
FITNESS MEMBER INFORMATION



CONTACT INFORMATION

First Name:	Last Name:	Nickname:
Birth date:	Address:	EMAIL:
Home Phone:	Work phone:	Mobile Phone:

OTHER EMERGENCY CONTACT

Name:	Relationship:	
Home Phone:	Work Phone:	Mobile Phone:

MEDICAL INFORMATION

Doctor:	Clinic:
Address:	Phone:
Allergies:	
Medications:	
Medical Problems:	

Client Start Date:

NOTES

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EXCEL PHYSICAL THERAPY, INC.
CLIENT CONSENT & LIABILITY RELEASE

General Policies

The undersigned acknowledges that he/she received a copy of the fitness center guidelines and agrees to abide by said rules and regulations. Initial: _____

Consent for Participation

I desire to engage voluntarily in the fitness programs offered by Excel Physical Therapy, Inc. in order to attempt to maintain or improve my health. I understand there is a risk of injury, heart attack, or rarely, death as a result of my exercise, but knowing these risks, it is my desire to participate as herein indicated. Initial: _____

I have been informed that I should discuss with my personal physician any medical condition that could be affected by exercise. Initial: _____

I have been informed that it is my obligation to inform the program personnel of any symptoms that should develop during my program such as pain, shortness of breath, chest discomfort or any other unusual symptoms. Initial: _____

Membership Health Warranty

Member warrants and represents that he/she has no disability, impairment or ailment that will prevent him/her from engaging in active or passive exercise or that will be detrimental to his/her health, safety or physical condition if he/she does so or participates.

Initial: _____

It is the policy of Excel Physical Therapy, Inc. that all individuals identify potential contraindications to exercise before purchasing a membership. We will be glad to work with your family physician to design an appropriate exercise program for you. To aid you in this process, *Please check if you have had any of the following. If any boxes are checked below Excel PT Inc., may require a physicians release before you start exercising.*

- Heart attack, irregular heart beats/skipped beats or other heart conditions?
- High blood pressure?
- Other blood condition or disease?
- History of seizures/dizziness?
- Diabetes or thyroid problems?
- Lung disease, asthma, allergies?
- Muscular problems, skeletal problems, joint injuries, or arthritic conditions that would prevent activity?
- Is there any other condition not mentioned here why you should not exercise?

Waiver of Liability: READ BEFORE SIGNING

Member and or member's guest, using the facilities and equipment does so at his/her own risk. Excel Physical Therapy, Inc. shall not be liable for any damages arising from personal injuries or damages sustained by member or guest in, on, or about the premises of the facility. As a participant at Excel Physical Therapy & Fitness Center, I recognize that there is a possibility of accident or other physical injury. In recognition of such I agree to indemnify Excel Physical Therapy, Inc., its staff, directors, officers and other agents from any and all liability, claims, and costs, including but not limited to injuries, or ill effects from or which may occur during my participation in any fitness center activities. **I HAVE READ THIS RELEASE OF LIABILITY AND RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

PARTICIPANT'S SIGNATURE

DATE

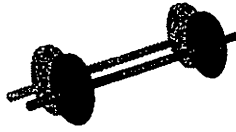
FOR PARTICIPANTS/GUARDIANS OF PARTICIPANTS OF MINORITY (Under age 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releases, and, for myself, my heirs and assigns, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, *even if arising from their negligence*, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE

DATE

EXCEL PHYSICAL THERAPY, INC.



FITNESS CENTER RULES OF CONDUCT

- **ALWAYS SIGN IN BEFORE WORKING OUT - use the key pad**
- Your membership may be put on hold with a physicians note only. Memberships may not be put on hold for any other reason. **Only paid members will be allowed in the facility.**
- Sneaker only in the gym. They must be dry. Shirts and shoes are required in all areas except locker rooms.
- Lockers are free for day use only. Items left overnight will be removed. You may rent a locker for \$10.00/mo. We are not responsible for lost or stolen items. Please bring a lock or you may rent or purchase one at the front desk. Our staff is not allowed to watch your wallets, purses or keys. **ALL LOCKS NOT REGISTERED WITH US WILL BE CUT OFF IMMEDIATELY!**
- Please wipe down the equipment after use with the materials provided.
- If you are unsure how to use a piece of equipment, please ask a staff member for assistance.
- Do not attempt to correct others in our fitness area. They may be doing it differently from you for a reason. If you believe someone is putting themselves at risk- Notify a staff member.
- Do not “clang” the weights in between reps. Use a slow moderate pace when working out. Return all weights and equipment to the place you got it from.
- Enjoy our 15’ plasma TV’s with 72 cable channels. Headphones may be purchased for \$2-\$5.00. Do not touch or try to adjust the screens. There are community headphones to use but they are not sanitized.
- There is no established time limit on the cardio equipment so to assure it stays that way, please be considerate of others waiting during our busy time- limit your time to 30 minutes per piece.
- No cell phone use is allowed while on or operating the equipment. No cell use in locker rooms.
- Report any hazards, faulty equipment, injuries or accidents to a staff member immediately.
- Fitness memberships purchased are not refundable, so please choose your level of time carefully. They are also not transferable.

This document is subject to change & updating