

### **Agreement for Corrective Exercise Plan**

Includes the formal design and implementation of a low-intensity resistance based “simple-to-learn” corrective exercise plan which creates postural re-education and ergonomic awareness to improve activities of daily living. Some plans may require manual therapy (additional cost).

Exercise Plan Development:

- Discuss Activities of Daily Living.
- Review Goals of Exercise Plan.
- Assess Static Posture, Range of Motion, Movements.
- Document Subjective/Objective Findings.
- Creation of 1-month Corrective Exercise Plan.
- Equipment/Tools Checklist for Client.
- Scheduling of (3) Live Learning Sessions.
- Weekly Phone/Email Follow-Ups.

#### **Session Terms and Conditions:**

1. The Client acknowledges it will be necessary to follow program guidelines during supervised and unsupervised exercise days to maximize results of program design.
2. The Client agrees to assume responsibility for any health risks and waive any possibility for personal damage against the Corrective Exercise Specialist for this plan.
3. The Client agrees that they have no limiting physical conditions or disability that would preclude a corrective exercise program.
4. The Corrective Exercise Specialist does not diagnose or treat illness or injury, and will not train clients with a diagnosed health condition without a medical doctor’s authorization.
5. The Client must provide medical clearance by a doctor prior to beginning an exercise plan.
6. The Client must complete and sign a Physical Activity Readiness Questionnaire (PAR-Q).
7. The Client agrees to notify the CES of any change in the Client’s health status or medications taken, and if any unusual pain and/or discomfort occurs during or following a CE session.
8. The Client agrees that they are able to swim if the plan includes use of a swimming pool.
9. The Client agrees that in this Exercise Plan, it is recommended to participate with their Corrective Exercise Specialist three (3) times during week one in order to demonstrate proper understanding of the protocols.
10. The Client agrees that sessions which are not rescheduled or canceled (24) hours in advance will result in forfeiture of the session.
11. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
12. The expiration policy requires completion of the corrective exercise sessions within 30 days from the date of the contract and is void after this time period. No refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

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By signing below, you agree to the terms and conditions in this agreement, accept full responsibility for your own health and well-being, and acknowledge an understanding that no responsibility is assumed by the provider of the Corrective Exercise Program.

Agreed Upon Costs: \$\_\_\_\_\_. Method of payment: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Address: (street/city/state/zip):  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/guardian's signature (if needed)

\_\_\_\_\_ Date: \_\_\_\_\_