



Membership Sign-Up Form

Personal Training Prices (1 hour sessions)

*Pricing effective as of 6/1/2024

<i>Individual Punch Cards</i>	<i>Senior (55+) Punch Cards</i>
\$70 / individual visit \$65 / multiple session packet 5 visits for \$325 10 visits for \$650	\$65 / individual visit \$60 / multiple session packet 5 visits for \$300 10 visits for \$600

Name _____ DOB _____

Mailing Address _____

City/State/Zip _____

Home Phone # _____ Work/Cell# _____

Email Address _____ Sign Up Date ____ / ____ / ____

Emergency Contact _____ Contact# _____

Do you have a "Do Not Resuscitate" (DNR) order we need to follow in case of an emergency? Yes No
I would like to receive quarterly newsletters from Essex PT Yes No

At Essex Physical Therapy we are committed to your health! Please read and sign our Terms & Conditions, Informed Consent, Assumption of Risk and Liability Forms (attached).



Terms & Conditions

Please read and initial each of the following:

- _____ 1. All sessions are by appointment only, and must be made in advance with Essex Physical Therapy.
- _____ 2. I understand that attendance is important to achieving my goals. I agree to call if I am unable to come at my scheduled times. I understand that I may reschedule my time slot within the week of the missed visit if a slot is available. Appointments cancelled less than 24 hours prior to a session are subject to charge/punch, unless due to illness.
- _____ 3. Eligible individuals include current Essex Physical Therapy patients or patients whom have been discharged from clinical care but wish to continue utilizing the facility to carry out their respective programs.
- _____ 4. Eligible individuals for a Senior Membership include those 55 years or older.
- _____ 5. Memberships are non-transferable and non-refundable.
- _____ 6. Essex Physical Therapy will occasionally alter hours around Holidays and seasons. These alterations will be posted at least 7 days in advance.
- _____ 7. I understand that the pool will not be available for one to two weeks a year for cleaning purposes. I understand that Essex Physical Therapy will give me as much advanced notice as possible. I will not be billed for this time.
- _____ 8. Locker room privileges are included with membership
- _____ 9. I hereby release Essex Physical Therapy of any responsibility for the loss or theft of any personal items left in any section of Essex Physical Therapy. Keys are available in each locker and need to be returned at the end of your exercise session.
- _____ 10. Please place all equipment neatly back in its designated location for all to use, and leave the area as neat (or neater) than you found it! This etiquette policy will be strongly enforced, as we remain committed to a clean, neat and safe environment for all users to enjoy.
- _____ 11. Members debiting by Auto Pay (electronic fund transfer) from a checking, savings or credit card account may cancel or suspend their monthly payments at any time. We do require written notice on or before the 15th of the month (in advance of bill collection on the 1st) to complete the request change.

I, _____ (print name), hereby agree to the terms and agreements of the Essex Physical Therapy pool membership.

Signature _____ Date ___ / ___ / ___

Guardian's Signature (if under 18) _____ Date ___ / ___ / ___

Witness _____ Date ___ / ___ / ___



Informed Consent, Assumption of Risk & Liability

(Continued from previous page)

I have been informed that the information obtained in this training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my expressed written consent. I do, however, agree to the use of my information that is not personally identifiable with me for research and statistical purposes so long as it does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals. Any other information obtained, however, will be used by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

I have been given the opportunity to ask questions as to the procedures of this program. I also acknowledge that I have read this document in its entirety or that it has been read to me. I expressly consent to the rendition of all services and procedures as explained herein by all program personnel. I, the undersigned, waive and release and agree to hold harmless and indemnify Essex Physical Therapy, its employees, agents, officers and directors against any and all claims any way connected with my participation in an exercise program. This agreement is binding on my heirs, executors, administrators, and assigns.

Signature _____ Date ___ / ___ / ___

Guardian's Signature (if under 18) _____ Date ___ / ___ / ___

Witness _____ Date ___ / ___ / ___