

Membership



Name _____ Birthdate _____

Address _____

Phone _____ Email _____

Pool Membership

Sauna Membership

Pool/Sauna Membership

Punch Card

Package



2022 Price List

POOL

1 Month Pool Membership* \$50

6 Month Pool Membership \$5 off/mo. *, *** \$270

12 Month Pool Membership \$10 off/mo. *, *** \$480

1 Pool Session \$15

INFRARED SAUNA

1 - 45 Min. Single Infrared Sauna Treatment \$25

1 Month Sauna Membership* \$50

SAUNA & POOL

1 Month Sauna and Pool Membership \$85

6 Month Sauna and Pool Membership \$5 off/mo. *, *** \$480

*12 Month Sauna and Pool Membership \$10 off/mo. *, *** \$900*



List any special needs or medical conditions this participant has _____

I understand the membership policy and inherent risk of injury in participation in the pool activities program and verify that the person listed above is medically fit to participate. I give my permission to the supervisors of this program to take proper steps in case the participant listed above is in need of emergency medical attention. I release Optimal Physical Therapy and their agents from any and all claims arising from this participant's participation in this activity.

Signature of Participant _____ Date _____



Membership Medical Questions ?

Circle One

Has your doctor ever said that you have a heart condition and recommend only medically supervised physical activity? Yes No

Do you frequently have pains in your chest when you perform physical activity? Yes No

Have you had chest pain when performing physical activity? Yes No

Do you lose your balance due to dizziness or do you ever lose consciousness? Yes No

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? Yes No

Are you pregnant or have given birth in the past 6 months? Yes No

At the present time, do you have any health conditions or injuries that would affect or limit your training? Yes No

Have you had a recent surgery? Yes No

If you answered "NO" to ALL questions you can be reasonably sure that you can become more physically active and take part in physical activity. Yes No

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes No

Does this medication affect your ability to exercise or achieve your fitness goals? Yes No

If you are or may be pregnant, talk to your doctor before you start becoming more active. If you answered YES to any of the above questions, please tell Optimal Physical Therapy, LLC. and elaborate below:

Please elaborate on Medications and it's use if it impairs ability to participate in physical activity _____

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred: Broken Bones

Muscles strain, sprain _____

Ligament, tendon, cartilage injury _____

Joint injury or chronic pain _____

Back injury or chronic pain _____

Are you currently being treated for any of the above injuries? Please specify the type of treatment.



Membership Release



Optimal Physical Therapy, LLC RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT I understand the nature of the Optimal Physical Therapy, LLC activities and am qualified to participate in such activities. If at any time I believe conditions to be unsafe, I will immediately discontinue further participation and notify the Optimal Physical Therapy, LLC staff member. I hereby represent and warrant that I am at least 18 years of age. I fully understand that: (a) Optimal Physical Therapy, LLC activities involve risks and dangers including SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks may be caused by my own action or inaction, the action or inaction of others (including other activity participants), the condition of in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the activity. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS (a) Optimal Physical Therapy, LLC and its managers, members, administrators, agents, volunteers, and employees, (b) other participants, (c) any sponsors or advertisers, and (d) the owners of premises in which the activities take place (each considered one of the "Releasees" herein) from and against all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of one or more of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, if I, or anyone on my behalf, make a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or costs that may occur as the result of any such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT DESCRIPTION OF THE EXERCISE PROGRAM AND POTENTIAL RISKS: I understand and do hereby consent to participate in pool activities that will include stretching cardiovascular and aquatic therapy. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to occasional minor injuries (e.g. pulled muscles, muscle soreness, muscle-skeletal strains and sprains, bruises) to infrequent serious injury (e.g. heart attack, stroke or other cardiovascular accidents, muscle tears) to the very rare catastrophic incident (e.g. death, paralysis). I acknowledge that regardless of the care taken Optimal Physical Therapy, LLC cannot guarantee my personal safety.

PARTICIPANT RESPONSIBILITIES: I understand it is my responsibility to 1) fully disclose any health issues (including diabetes, heart problems, seizures, or asthma) or medications that are relevant to participation in a strenuous exercise program; 2) inform the instructor if there are any changes to my health, including injuries and sickness; 3) inform the instructor if there are activities with which I do not feel comfortable; 4) cease the exercise and report promptly any unusual feelings (e.g., chest or another discomfort, nausea, difficulty breathing, injury) during the exercise program; and 5) clear my participation with my physician.

PARTICIPANT ACKNOWLEDGEMENTS: In agreeing to this exercise program, I, the participant 1) acknowledge that my self-participation is completely voluntary; 2) understand the potential physical risks involved in the exercise program, and believe that the potential benefits outweigh those risks; 3) give consent to certain physical touching that may be necessary to ensure proper technique and body alignment; 4) understand that the achievement of health or fitness goals cannot be guaranteed; 5) have been able to ask questions regarding any concerns I might have, and have had all questions answered to my satisfaction; 6) am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program; 7) have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop.

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT. I HAVE BEEN MADE FULLY AWARE OF AND UNDERSTAND THE POTENTIAL RISKS INVOLVED WITH THE PHYSICAL FITNESS AND OTHER ACTIVITIES OFFERED BY Optimal Physical Therapy, LLC. I HEREBY CONSENT TO THOSE RISKS AND AM FREELY AND VOLUNTARILY SIGNING THIS AGREEMENT AND PARTICIPATING IN THESE ACTIVITIES. ACKNOWLEDGED AND AGREED:

PRINT NAME: _____

Signature: _____ Date: _____

Pool Membership Policy



What is the recurring monthly membership and how does it work?

The recurring monthly membership is paid by credit card. Your credit card will be charged at the time of purchase for a prorated amount of the remaining days in the current month. Your credit card will then be charged every month.

Is my credit card information secure?

Yes. Our electronic records system is safe and secure.

When will I see the charge posted to my credit card statement?

You should see the monthly charge posted to your credit card statement between the 1st and the 10th of each month.

Will I receive a receipt each month?

Our system does not automatically send receipts. If you need one, please let us know or email us. We can provide a document showing all of your monthly recurring payments.

How often do I have to renew?

The pool membership has a monthly automatic renewal. If you wish to cancel your membership please submit the monthly recurring cancellation form on our website or submit written cancellation in person.

How do I cancel?

Monthly recurring payment options are non-refundable/non-transferable. All cancellations must be submitted using the monthly recurring cancellation form or with written cancellation in person. The first full month's charge after initial enrollment must be processed prior to cancellation, regardless of enrollment date. If you do decide to cancel your membership, you can still use the pool/sauna for the additional time covered by the pre-paid last month's dues we collected at enrollment

Cancellations received between the 1st and the 15th of the month: membership will expire at the end of that same month and automatic charges will stop with that month's payment.

Cancellations received between the 16th and last day of the month: membership will expire at the end of the following month and automatic charges will stop after the following month's deduction.

If there is a medical reason for canceling this can be discussed with your Physical Therapist and will be up to the discretion of your Physical therapist to put your membership on hold.

How do I schedule?

Patient care takes priority when scheduling. You, the participant, need to call in advance for scheduling up to the day of intended pool use. The pool is available for scheduling Monday and Thursday between 7:00 am and 6:30 pm, Tuesday and Wednesday between 7:00 am and 5:30. The pool is available on Fridays from 7:00 am to 11:30 am, with the pool closing at 12 pm. Closing times vary on patient capacity.

In general, if the clinic is closed the pool is closed. If in the event the pool is closed due to improper chemical levels that do not fall within federal and state guidelines, scheduled participants will be notified.

General Rules

Participants must be able to enter and exit the pool independently.

Proper swimwear is required. Participant must bring their own towels and toiletries. Showers are required before entering the pool. Participants are welcome to use the bathroom for showering and changing. Please be respectful of others who may be needing to use the facility.

Water shoes are required on treadmills and are available for use.

Jumping, diving or carry-in inflatables are NOT permitted.

Do not enter the pool if you have a communicable disease, open wound, fever, or have experienced diarrhea within the last two weeks.

Persons who misuse their pool membership will have their privileges revoked.

Pool Members will/may need to share the pool appointment times with other members/clients.