

# 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, contraindications 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:

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

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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.

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# 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.

# Infrared Sauna Contraindications



Please review the contraindications listed below before using the Sunlighten Sauna. **If in doubt, do not use the sauna.**

## **Medications**

Individuals who are using Warfarin or other blood-thinning drugs should not use the sauna. Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for possible changes in the drug's effect when the body is exposed to infrared energy. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanisms. Some over-the-counter drugs such as antihistamines may also cause the body to be more prone to heatstroke.

## **Cardiovascular Conditions**

Individuals with cardiovascular conditions or problems (hypertension/ hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications, which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, blood flow, in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major changes in the heart rate, which has the potential to increase by thirty (30) beats per minute for each degree increase in core body temperature.

## **Pacemaker / Defibrillator**

The magnets used to assemble the units of the sauna can interrupt the pacing and inhibit the output of pacemakers. If you have a pacemaker or defibrillator, you should not use this Sauna.

## **Joint Injury**

If you have a recent joint injury, it should not be heated for the first 48 hours or until the hot and swollen symptoms subside. If you have a joint or joints that are chronically hot and swollen, these joints may respond poorly to vigorous heating of any kind. Vigorous heating is strictly contraindicated in cases of enclosed infections such as dental, in joints or in any other tissues.

## **Fever**

An individual that has a fever should not use any type of Sauna.

## **Alcohol / Alcohol Abuse**

Contrary to popular belief, it is not advisable to attempt to "Sweat Out" a hangover. Alcohol intoxication decreases a person's judgment, therefore they may not realize it when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

## **Chronic Conditions / Diseases Associated with a Reduced Ability to Sweat or Perspire**

Parkinson's, Multiple Sclerosis, Central Nervous System Tumors and Diabetes with Neuropathy are conditions that are associated with impaired sweating. Consult your health care practitioner before using a Sunlighten Sauna.

## **Hemophiliacs / Individuals Prone to Bleeding**

The use of Infrared should be avoided by anyone who is predisposed to bleeding.

## **Insensitivity to Heat**

An individual that has insensitivity to heat should consult their health care professional before using a Sunlighten sauna. The temperature of the sauna can be set at lower temperatures. If in doubt, do not use any type of Sauna.

## **Pregnancy**

Pregnant women should consult a physician before using the Sauna.

## **Implants**

Metal pins, rods, artificial joints or other surgical implants generally reflect Far infrared waves and thus are not heated by this system. The usage of the Sauna must be discontinued if you experience pain near any such implants. Silicone does absorb infrared energy. Implanted silicone or silicone prostheses for nose or ear replacement may be warmed by the infrared waves. Since silicone melts at over 392°F (200°C), it should not be adversely affected by the usage of a Sauna. It is still advised that you check with your surgeon to be certain.

## **Children**

The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. The ability to regulate body temperature by sweating is said to occur only after a child has reached puberty.

## **The Elderly**

The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperature.

Signature \_\_\_\_\_ Date \_\_\_\_\_