



SYNERGY
PHYSICAL THERAPY
EXPERIENCE • PERSONAL CARE • RESULTS

Bonnie Fass,
MPT, Cert. MDT

Jodi Mascera,
MSPT, Cert. MDT

Fitness Program

Welcome to Synergy Physical Therapy's Fitness Program!

Our staff at Synergy eagerly encourages you to continue on your road to better health and fitness and is pleased that you inquired about this program.

The fitness program provides an appropriate setting for you to continue to reach your goals. The cost of this program is offered to you at a monthly rate \$35.00 (pro-rated the month you join.) This is a month to month agreement and payment is due the 1st of each month. In addition there is one time evaluation fee of \$75.00 which includes a one-to-one orientation by a licensed physical therapist (1hr). Fee is waived for those who have attended Physical Therapy in the past 3 months. If you have been an inactive member for than 1yr you will be subject to a re-instatement fee of \$45.00. There is a minimum age requirement of 16 yrs of age (at owner's discretion).

Terms and Conditions

As a participant in this program, you agree that you are voluntarily participating in the fitness program and use of these facilities and premises. You **assume all risks** of injury, illness, or loss of life. We will not be held responsible for any damage or loss of personal property while at our facility.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: use of all amenities and equipment in the facility, sudden and unforeseen malfunctioning of any equipment and slipping or falling while in the facility or on facility promises, including adjacent sidewalks and parking areas. You expressly agree to release and discharge Synergy Physical Therapy for any personal injury or property damage. To the extent that statute or cause law does not prohibit release for negligence, this release is also for negligence on the part of the facility, its agents and employees.

You hereby acknowledge that you have read this "waiver and release" and fully understand that it is a release of liability. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then remainder of this release from liability shall remain in full force and effect and only the offending provisions severed here from.

By signing this release, I acknowledge that I understand its contents and in addition I fully understand that this release cannot be verbally modified. Synergy reserves the right to terminate this membership agreement at any time.

Signed: _____

Print Name: _____

Date: _____

Witness: _____

Past fitness members please initial below:

_____ I would like to reinstate my fitness membership at Synergy Physical Therapy after a period of inactivity. I have not undergone any major surgery or experienced a cardiac event that would require medical clearance to attend an independent fitness center.

The staff at Synergy Physical Therapy applauds your efforts for your ongoing commitment of maintaining your health.

Bonnie Fass, MPT
Jodi Mascera, MSPT