

FUNCTIONAL FITNESS

PURPOSE: The program will allow clients to continue their rehabilitation and improve their fitness level. The program is independent of physical therapy and occupational therapy; however, allows previous patients to workout on their own, in a restricted and supervised area.

COST: The cost of the program will include a \$50.00 monthly fee that will be paid on the first visit of each month. The program will be on a month to month basis with no contract or obligation to continue after each month. There will be no refund of fees after the first visit is concluded.

HOURS OF OPERATION: The equipment will be available during normal clinic hours of operation. This is generally Monday through Friday from 8:00 am to 5:00 pm. All holidays will be observed and closure of the clinic for any other purpose will be at AThGP's discretion. A notice of all closures will be posted ahead of time. No appointments are required excluding the initial visit for equipment orientation.

REQUIREMENTS: All clients must be a previous therapy patient of AThGP. All clients will sign a release of liability prior to using the facility. A doctor's prescription is not a requirement, but a doctor's clearance is recommended. All clients will follow and be held accountable for all rules and regulations on the following pages.

***The program and membership is at the full discretion of Affiliated Therapy Group Practice, Inc. and can be cancelled or altered at any time.

RULES AND REGULATIONS

1. All clients must be previous therapy patient of Affiliated Therapy Group Practice, Inc.
2. All clients must sign a release of liability.
3. All clients will wear proper attire, including tennis shoes and non-revealing work-out clothing.
4. All clients will be independent of therapy staff and/or skilled therapy clients. Staff may be available for questions, however all exercise programs and progressions will be at the client's discretion.
5. Priority of all equipment belongs to current therapy patients of AThGP, but is available to clients when not in use.
6. All clients must schedule their initial visit with staff to be oriented to the facility and equipment.
7. The equipment is to be wiped off by the client after each use.
8. The use of the aquatic pool and underwater treadmill is included in the program but current skilled therapy patients have priority and all functional fitness clients must be cleared medically by their primary physician, especially if he/she has a history of cardiac problems.
9. At no time, will friends, guests, or family members be allowed to be in the gym or participate in workout sessions.
10. All rules posted for the clinic must also be followed by all members of the Functional Fitness exercise group.
11. A membership can be revoked at any time, without refund, at the discretion of Affiliated Therapy Group Practice, Inc. if these rules and regulations are not followed.

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I am in full understanding, as of the date written below, I have been discharged as a physical therapy or occupational therapy client from my most recent episode of care with AThGP. Per physician's orders, I am to discontinue my skilled therapy and continue my rehab program independently. At this time, I am beginning the "Functional Fitness" after care program offered by Affiliated Therapy Group Practice, Inc. I understand the program is an independent exercise program and at no time will I be under the care of a Physical or Occupational Therapist. By signing this document, I agree to join the Functional Fitness program on a month to month basis, at a charge of \$50.00 per month. Affiliated Therapy Group Practice, Inc. is not liable for any injuries and I understand that I am to exercise at my own risk.

Signature of Client

Date

Signature of AThGP Personnel

Date