

**Group Exercise Class Agreement and Release of Liability:**

Welcome to Champions Recovery Room and Physical Therapy LLC and congratulations on beginning your group exercise program. We are delighted you chose Champions as a part of your commitment to health, wellness, and fitness. The following information will provide you with important program policies. Please read the entire form to acknowledge that you have read, understand, and agree to the following information.



**Group Exercise Class Information and Policies:**

This agreement is made and entered into on the \_\_\_\_\_ of \_\_\_\_\_ 2020, by and between Champions Recovery Room and Physical Therapy LLC and:

**Full Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Personal Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relation to** \_\_\_\_\_

**Personal Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Primary Physician** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Upon execution of this agreement I agree to pay Champions Recovery Room and Physical Therapy LLC each month:

<b>Group Exercise Class Packages: Class Only</b>	<b>Price</b>	<b>Please Check</b>
Unlimited classes	\$79.00	
Eight (8) classes per month	\$59.00	
Four (4) classes per month	\$39.00	
<b>Group Exercise Class + Recovery Packages</b>		
Unlimited classes + Gold Recovery (discounted at 15%)	\$187.00	
Eight (8) classes + Silver Recovery (discounted at 15%)	\$127.00	
Four (4) classes + Bronze Recovery (discounted at 15%)	\$71.00	

**Payment:** I understand this agreement is on a month-to-month basis until the client, or Champions Recovery Room and Physical Therapy LLC, cancel the group exercise class agreement. I further understand I have chosen the above level package price and agreement.

Upon execution of this agreement, I agree to pay Champions Recovery Room and Physical Therapy LLC the amount as stated above. I understand this agreement will commence on the date signed to this agreement and every month thereafter on that same day of the month. I understand by purchasing a group exercise class only option, there is no registration or enrollment fees to initiate the agreement, but if I choose to purchase a group exercise class + recovery package there will be a one-time enrollment fee of sixty dollars (\$60). This fee will be used for program set up, introduction to the recovery room equipment, initial injury screen/consultation.

I understand that if I choose to attend more classes than my chosen package has allowed during any one month, I will be charged the current drop-in rate (\$8) for the extra class(es). I may also choose to change my level to allow for more classes at any time.

**Transfers and Cancellations:** I understand my group exercise class agreement is non-transferable and unused classes WILL NOT carry over to the next month. I acknowledge that this group exercise class agreement is automatically renewed on a month-to-month basis and processed monthly on the date signed to this agreement. I understand I may cancel this agreement at any time. There will be a non-refundable fee of twenty (\$20) for any cancellation. EXCEPT if the undersigned has moved more than thirty (30) miles from Champions Recovery Room and Physical Therapy LLC or there is a medical disability and/or injury. In such cases, the \$20 cancellation fee will be waived by Champions Recovery Room and Physical Therapy LLC.

Cancellation requests can be sent by mail to:

Champions Recovery Room and Physical Therapy LLC  
3030 100<sup>th</sup> St.  
Urbandale, Iowa 50322

or via email to:

Angie@championsrecoveryroom.com

**Late Fees and Charges:** I understand my account will be charged each month on the date signed to this agreement and for the price of the package I chose from above. I choose to not use auto-debit, and pay by cash or check each month, I understand I will be charged a ten dollar (\$10) late fee for each day my payment is late. I understand that if I my card is rejected on the date I am set to renew my membership, Champions Recovery Room and Physical Therapy LLC

will notify me. It is my responsibility to return their call or email, if I fail to do so there will be a twenty five dollar (\$25) card rejection fee.

**Use of Facilities:** In return for my monthly class payment, I understand I may attend as many classes as I like according to the package I have selected. I understand Champions Recovery Room and Physical Therapy LLC is not a 24/7 gym facility, therefore I am only allowed to use the facility, and equipment, during scheduled group exercise classes and/or scheduled recovery room sessions. I understand I will be given a monthly group exercise punch card and it is my responsibility to bring this to class each time I come so Champions Recovery Room and Physical Therapy LLC can keep track of my use of the facilities.

**Description of Potential Risk:** I understand the risk of injury associated with any physical activity and/or an exercise program including group exercise classes. Participation in group exercises classes may lead to strains, pain, and injury if warm up, gradual progression, and safety procedures are not followed as set forth by the group exercise instructor. I understand that the group exercise instructor, or Champions Recovery Room and Physical Therapy LLC, will not be liable for any damages arising from personal injuries sustained by, while, and during, the group exercise classes. I assume full responsibility for any injuries or damages which may occur during the group exercise classes.

**Stopping Exercise:** I understand that I may refuse exercise, or stop exercise, for any reason. Although the group exercise instructor observes the class participants for signs of unusual fatigue or discomfort, these observations do not always indicate abnormal discomfort. It is my responsibility to notify the group fitness instructor of any discomfort or pain arising from or during exercise. I am responsible for informing the trainer of any and all other known limitations I have, or experiences, so that the group exercise instructor may accommodate me and substitute other exercises.

**Release of Liability:** I hereby waive for myself and heirs, any and all rights for damages, losses, or injuries I suffer while participating in, or as a result of any group exercise classes or using any equipment and/or the facility at Champions Recovery Room and Physical LLC. I fully realize and am aware of the risks involved with any fitness program which involves physical exercise and activities. I understand risks are heightened if:

- A medical doctor has not first determined that I am physically fit to participate
- I participate in exercise/fitness activities or use equipment and/or facilities without first being instructed by Champions Recovery Room and Physical Therapy LLC staff in the correct way to participate in the activities or use of the equipment and/or facilities

I realize that I, not the designated group exercise instructor or Champions Recovery Room and Physical Therapy LLC, am responsible for having my own health evaluated before I participate in any exercise program and for receiving instruction from Champions Recovery Room and Physical Therapy's staff before using any of the services, equipment, or facilities.

Unless I notify Champions Recovery Room and Physical Therapy LLC in writing to the contrary, I understand and agree that Champions Recovery Room and Physical Therapy LLC is entitled to assume my physician has approved my own participation in the group exercise classes.

I acknowledge receiving, reading, and understanding the agreements contained herein, including the release of liability. I authorize Champions Recovery Room and Physical Therapy LLC to verify this information contained in this group exercise class agreement.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_