



Athletic Potential: Performance Physical Therapy

Athletic Potential: Performance Physical Therapy, Kent, WA, 98032

Ph: +1 (636) 208-7866

Athletic Potential: Performance Physical Therapy, LLC Remote Performance Training Intake Packet

Participation Consent and Liability Release

Consent for Participation and Liability Waiver

In this document, fitness program and remote training program refer to the exercise program that would be provided by the provider, Dylan Newcomer and/or Athletic Potential Performance Physical Therapy, LLC.

I understand that fitness programs include physical movements as well as an opportunity for relaxation and relief of muscle tension. I understand that by requesting a Remote Training Program, that I am solely responsible for deciding whether I am capable of and can safely perform any and all exercises in the program and that the provider of the program are unable to supervise the performance of any and all exercises in the program I have been provided. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support via directly messaging the provider of the online training program. I assume full responsibility for any and all damages I may incur through participation.

Fitness programs are not a substitute for medical attention, examination, diagnosis, or treatment. Fitness programs are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in a fitness program. In addition, I will make the program provider aware of any medical conditions or physical limitations before the program is issued to me and to seek modifications if at any point I feel uncomfortable in any capacity to perform the prescribed exercises. If I am pregnant, become pregnant, or I am post-natal or post-surgical, or have any changes in my cardiac, pulmonary, or neurologic status, my signature verifies that I have sought my physician's approval to continue participation in the remote training program I have been provided. I also affirm that I alone am responsible to decide whether to participate in a training program and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Athletic Potential: Performance Physical Therapy, LLC and the owner, Dylan Newcomer.

My signature verifies that I agree to only use equipment and exercises which I have been instructed in their use by someone who works at the facility I will use to perform the program at. If I am training in a home or otherwise non-commercial gym, my signature verifies that I agree to only use the equipment and exercises which I have complete confidence in using or performing. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement, I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the state of Washington.

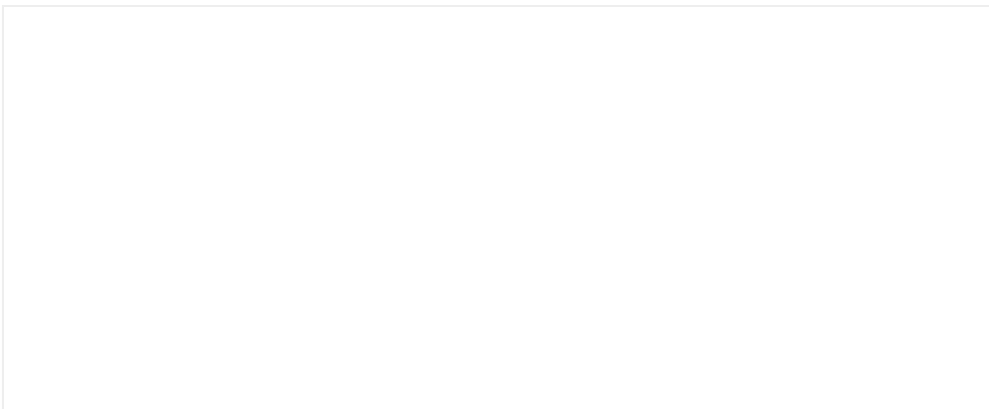
I further understand that the provided Remote Performance Training programs are not considered Physical Therapy.

Wellness Services, Fitness, and Training Programs involve the use of many different types of exercises, interventions, performance testing, and movement screening. The client may ask the program provider about the potential risks and benefits of a specific exercise/technique before, during or after the intervention. The client has the right to decline any portion of the session at any time before or during the session.

I understand the risks associated with a training program as outlined to me and I wish to proceed.

Additional note: If the client is under the age of 18, a parent or guardian's signature is required.

Please use your mouse or finger to draw your signature below



Today's date

Printed Name of Client or Client's Guardian

Communication Waiver and Payment Policy

Communication Waiver:

Clients will utilize the TrainHeroic mobile or desktop application to receive programming. You understand you may be contacted via email for signup purposes and will utilize the TrainHeroic mobile or desktop application's chat function to obtain feedback on program performance and / or to answer questions or provide general health & fitness related reminders / information. If at any time I provide an email at which I may be contacted, I consent to receiving any necessary communications/information at that email address from Athletic Potential: Performance Physical Therapy, LLC and/or owner Dylan Newcomer.

Card on File:

In order to simplify the satisfaction of payment responsibilities, Athletic Potential Performance Physical Therapy, LLC enables you to make payments by credit card using this interface. To facilitate processing and permit you to authorize payments, Athletic Potential Performance Physical Therapy, LLC requests that you sign below so that we can maintain your signature on file. Your credit card details are kept secure, and we use a secure online connection to process payments. I, the undersigned, acknowledge that Athletic Potential: Performance Physical Therapy, LLC is hereby authorized to charge my credit card for payments authorized by me without obtaining any additional signatures.

Charges/Guarantee of Payment:

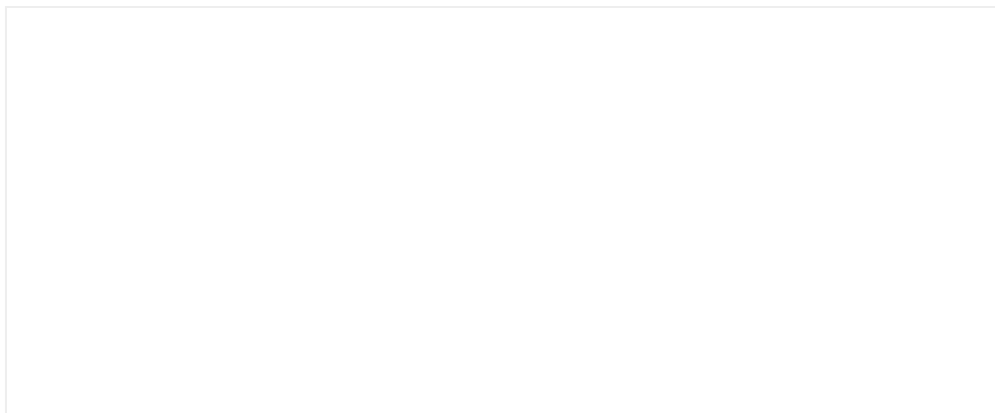
Athletic Potential Performance Physical Therapy, LLC charges a fee for service and you agree to pay Athletic Potential Performance Physical Therapy, LLC all charges at the time of ordering the service. You are guaranteed to be contacted and receive the ordered program within 3 business days of the order being placed.

Cancellation and Refund Policy

My signature below acknowledges I understand that once ordered, I will not be refunded the program cost when purchasing a 1 month non-recurring service. I understand that I must cancel any recurring memberships prior to the renewal date in order to avoid incurring charges. I understand that I will not receive ANY refunds if I fail to cancel a membership prior to the renewal date unless approved by the owner, and that I am entitled to still receive a program if desired.

I read and understand the Communication Waiver and Payment Policy. I consent to receiving communication from Athletic Potential Performance Physical Therapy, LLC and I accept responsibility of payment for services.

Please use your mouse or finger to draw your signature below



Today's date

Printed Name of Patient or Guardian

Media Release

AUTHORIZATION FORM FOR USE OF PHOTOGRAPHS/ SUCCESS STORIES IN PUBLIC RELATIONS AND MARKETING ACTIONS PHOTOGRAPHY CONSENT FORM / RELEASE

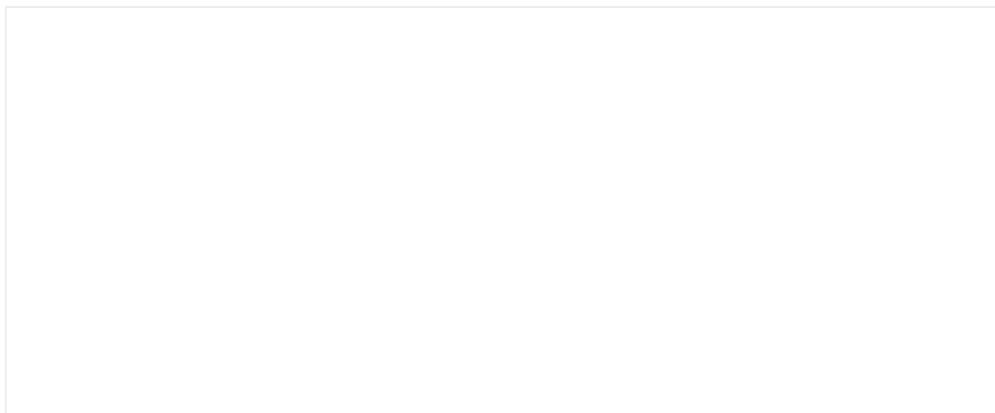
RELEASE FOR ADULT

I hereby grant permission to Athletic Potential Performance Physical Therapy, LLC, to take and use: photographs, video, and/or digital images of me along with a description of accomplishments for use in news releases, social media, and/or other educational and promotional materials. These materials may include printed or electronic publications/communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Athletic Potential Performance Physical Therapy, LLC.

RELEASE FOR MINOR (Under 18)

I, parent or official guardian of the minor, hereby grant permission to Athletic Potential Performance Physical Therapy, LLC representatives, to take and use: photographs, video, and/or digital images of the minor along with a description of accomplishments for use in news releases, social media, and/or other educational and promotional materials. These materials may include printed or electronic publications/communications. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Athletic Potential Performance Physical Therapy, LLC.

Please use your mouse or finger to draw your signature below



Today's date

Printed Name of Patient or Guardian

Contact Information

Patient or Client Full Name

Address

Cell Phone #

Home Phone #

Email

Emergency Contact Name

Emergency Contact Phone #

Emergency Contact Relationship

How did you hear about us?

Medical History

Please list all previous surgeries, accidents, or injuries (include year):

Are you pregnant?

Yes No

Please list all medical conditions and/or health concerns:

Please list any and all current physical limitations that would require modification in the training plan: