



Health 30 Program



Health 30 is a program that offers our clients access to our full-equipped gym. Our goal is to provide people of all ages a welcoming environment to improve their well-being and achieve their fitness goals.

<u>MONTHLY PRICING</u>	
Individual Membership	\$30
Partner Membership two people from the same household	\$50
Family Membership (Includes up to 2 adults and minors 14-18 years residing together) <i>Minors under 16 must be accompanied by a parent</i>	\$70
Wellness Program+ Membership 24/7 access for Silver Sneakers, Silver&Fit, Peerfit, etc.	\$10

<u>OPTIONAL FEATURES</u>	
Physical Assessment and customized exercise program	\$50
24-hour Key Fob access (one-time fee)	\$20

Payments

- Payment for the first month is prorated and due upon signing up for the program.
- Every month, except your first month, is \$30, and cannot be prorated, despite vacations or other prolonged absences.
- A recurring monthly payment on a credit card is required and will be charged on the first of every month. This can be cancelled or put on hold for a period of time, in writing, at least 5 business days prior to the scheduled charge.

Silver Sneakers, Silver&Fit, Peerfit, and other Wellness Programs

- If your insurance plan participates in any of these programs, the \$30 monthly membership fee will be waived for access during staffed hours. However, if you choose to have 24 hour key fob access, there will be a \$10 monthly fee.
- There are ways we will need you to sign-in for these programs so that they pay for your membership that we will orient you to.
- If you choose to have a physical assessment, this will be at your own cost as well.

Physical Assessments and Equipment Instruction

- Our primary goal is safety for all of our members and for that reason we highly recommend undergoing a physical assessment by one of our trained professionals to ensure you are safe to exercise independently. This also includes instruction on a customized exercise program created for you.
- If you feel you are highly proficient in your exercise regimen, you may choose to forego the physical assessment, at your own risk.
- If you are new to exercise and feel you may need light supervision or occasional guidance from our staff, we recommend you exercise during our staffed hours listed below.

Staffed Hours

Mon & Wed: 7am-7pm, Tues & Thurs 8am-5pm, Friday: 7am-6pm (The clinic is closed on weekends, for observance of major holidays, and during any employee appreciation events).



Transcend Physical Therapy is committed to helping you achieve your fitness goals. In that effort we have expanded our fitness equipment offerings to include Cybex strengthening equipment as well as machines to improve cardiovascular fitness. It is also important to be available at times when people want to exercise. Therefore, we have opened a fitness center aimed to cater to meet most people's needs with safety and security as our paramount concern. Our clinic was designed to allow for unattended access, where a person can exercise at virtually any time and on holidays. Features, implemented to ensure safety, include the installation of cameras throughout the gym which record at all times onto a secure cloud server and the installation of a cellular-network security system which features panic buttons that are placed throughout this location. We feel it is vitally important that you feel safe while exercising at our location. If you prefer exercising during our staffed hours, they are 7am to 7pm Monday and Wednesday, 8am to 5pm on Tuesday and Thursday, and from 7am to 6pm on Friday. It is our hope that you feel comfortable and that we are always approachable for guidance or suggestions. We thank you for allowing us to be a part of your fitness journey and hopefully with helping you to achieve, or transcend, your personal fitness goals!

Our gym guidelines are as follows:

- ❖ **For after hours/holiday access:** The only door for access is the door at the front of the building from Lane Street. Please enter and exit ONLY through this designated door during non-clinical hours. Do not unlock and open the other doors for any non-emergency reason! During clinical hours, any of the doors may be utilized.
- ❖ **For after hours/holiday access:** Do NOT let anyone in who does not have a working key fob. Everyone who has a key fob is given this instruction and therefore should know not to even think it's appropriate to ask to be let in!
- ❖ Dry, closed-top athletic shoes are required. NO street shoes please! Bringing clean, designated gym shoes to wear while exercising helps us tremendously to keep everything clean and safe for others.
- ❖ Please do not wear jeans to exercise. They often have rivets and the material is particularly hard on our equipment fabric.
- ❖ Please wipe down all utilized equipment. We have spray bottles and BLUE towels for use throughout the gym. It's fine to use the same blue towel on multiple pieces of equipment. We have laundry hampers throughout if a towel is particularly soiled.
- ❖ WHITE towels are for your personal use as a sweat towel.
- ❖ Please return weights, exercise pieces, and lifting implements to where they belong. If you are unsure of where they belong, it's because the person before you didn't follow this rule.
- ❖ Please do not clang the weights, slam dumbbells, or throw equipment down on the floor. Not only is it unsafe, it is obnoxious. We aren't asking you to exercise completely silently but it is less than ideal to have plates clang each and every rep. Your muscles are challenged more so by slow, steady lifts with minimal rest time (plate contact time) between reps.
- ❖ Please do not lean anything against the mirrors or touch the mirrors.
- ❖ Please do not sit on equipment for excessive rest breaks when the gym is busy. Never sit on the back of the ellipticals because that inviting looking shroud is not meant for that and it puts you and the equipment at risk.
- ❖ No food consumption or consumption of alcoholic drinks are permitted in the gym at any time. Please stick to water or sports drinks while in the gym. Exercising while on the influence of drugs or alcohol is also prohibited. Exception: If you need to consume a snack for medical reasons, please do so responsibly and dispose of all trash appropriately.
- ❖ Unknown and/or unauthorized taking of pictures or video of other members is prohibited. There is likely no pure motive behind doing so and this action is punishable by permanent membership revocation.
- ❖ The stairs are for rehab use only. Please do not go up the stairs.
- ❖ Most importantly, have FUN, be respectful of others, be safe, and make friends!

I have read, and fully understand, the above stated guidelines and regulations. I understand that if these guidelines are not abided, my membership may be discontinued.

Signature

Printed name

Date

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in health or fitness club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Transcend Physical Therapy and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that health or fitness club activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; death as a result of drowning or brain damage caused by near drowning; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ I would like a health assessment to be performed by a trained professional and a personalized exercise program created to address my goals, at a fee of \$50.

____ I would not like a health assessment to be performed and, therefore, agree that I am fully capable of exercising independently and safely without the guidance of the staff at Transcend Physical Therapy.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____



Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged at the first of each month for the total amount due for that month. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided. If you should at any time want this recurring payment to be discontinued or temporarily withheld, it is your responsibility to notify Transcend Physical Therapy, during their regular business hours, at least 5 business days prior to the scheduled charge. You may also email us at info@transcendphysicaltherapy.com If you choose to stop the recurring charge, your gym key fob will be inactivated on the day that charge should have occurred.

You are responsible for updating your credit card information in the event that it expires. Once a credit card expires, charges will not be possible and, therefore, your key fob will be inactivated.

Please complete the information below:

I _____ authorize Transcend Physical Therapy to charge my credit card for the payment of the monthly fee for:

_____ **Myself**

_____ **The following person/people:** _____

indicated below on **the first of each month** for payment of my Health 30 gym membership.

I understand and agree to the above stated terms and conditions.

Amount: **\$30** **\$50** **\$70** **\$10** Other: _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____
(email will be used to notify you after a monthly charge is completed)

For your safety, Transcend Physical Therapy does not obtain or store credit card information in writing and only processes it through a secure merchant account.

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.