Allen Therapies Inc.

FITNESS PROGRAM AGREEMENT
and
WAIVER OF LIABILITY

I, _____, (participant name) agree to pay _____ (dollar amount) per month, **due on the 1st day of each month** for participation in the Fitness Program.

I understand and agree to the following conditions:

1. Normal business hours are Monday thru Friday from 7:30 AM to 8:00 PM and Saturday 8:00 AM to 12:00 PM.
2. Any patient who is receiving physical therapy by a licensed physical therapist or physical therapist assistant has priority over the use of gym equipment.
3. Verbal instruction will be given on the use of equipment in the gym.
4. I will use care and caution while participating in the Fitness Program and will be responsible for general care and handling of gym equipment. I will not abuse or misuse the equipment in any way.
5. Minimum age requirement is 15 years of age.
6. Membership is limited to only (1) person per agreement.
7. I will not hold Allen Therapies, Inc., its staff or affiliates liable in the event of accident or injury while participating in the Fitness Program.
8. Your signature below authorizes Allen Therapies Inc., to process any manual, over the phone or written credit card transaction for payment of services rendered.

_____ _____

Signature of Participant (Under 18 years of age Signature of Parent or Legal Guardian) Date

_____ _____

Mailing Address Phone

_____ _____

City ST Zip Code Birthday (mm/dd/yy)

_____ _____

Signature of Allen Therapies, Inc. Representative Date

1905 Dove Crossing Lane, STE. AB, Navasota, Texas 77868
936-870-3475 Fax 936-870-3476