

Independent Exercise Program

Upon discharge from physical therapy, we offer the option to enroll in our independent exercise program at our Homer Glen and Joliet facilities. Enrollment in the program is limited to those who are appropriate and safe. Your therapist can discuss this with you as you approach discharge from your formal physical therapy.

A customized exercise program can help offset, and even reverse, muscle deficiencies that occur as a result of normal aging. Without structured exercises our bodies lose an average of a half of pound of muscle a year. This results in changes seen in strength, balance, flexibility and endurance, making every day chores difficult and potentially unsafe.

During your last formal physical therapy session an assessment will be completed to identify your particular problem areas and goals. This will guide the development of an exercise program most suited to you however as your body changes due to your exercises, there can be a need to adapt your exercises.

Once starting the exercise program, we recommend that you have your fitness level reassessed every six months to address small issues before they progress to joint or muscle pain. In some cases, this is covered by your insurance. Our office staff would be happy to look into this for you. This can be scheduled by you or we can call you after six months of your independent program.

FTR/GLPT Transitional Exercise Program

Thank you for choosing to participate and use the facilities, services, and programs of the FTR/GLPT Transitional Exercise program. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

Participation in the FTR/GLPT Transitional Exercise program and use of equipment involves physical exercise and strenuous activities that may cause injury. On behalf of myself, I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, wellness, and/or recreational activities. My participation and use of the equipment is a voluntary activity in all respects and I, on behalf of myself, may sustain as a result of participating in any and all activities arising out of, connected with or in any way associated with my use of equipment. This includes any sponsored group activities or individual use of the facility or exercise equipment. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation.

I, on behalf of myself, do hereby fully release and discharge Functional Therapy and Rehabilitation, P.C. (FTR), Goodlife Physical Therapy and its wholly owned subsidiaries, and employees from any and all liability, claims and causes of action from injuries or illness (including death), damages or loss which I, on behalf of myself, may have or which may accrue to me on account of participation in all activities utilizing the facility. This is a complete and irrevocable release and waiver of liability. Specifically and without limitation, I, on behalf of myself, hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties' negligence. I, on behalf of myself, covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.

I, on behalf of myself, further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation and use of equipment.

In the event of any emergency, I, on behalf on myself, authorize the Released Parties to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I, on behalf of myself, will be responsible for payment of any and all medical services rendered.

I, on behalf of myself, have been advised by representatives of FTR/GLPT to consult with a physician before I, on behalf of myself, undertake any physical exercise program. I, on behalf of myself, certify that I, on behalf of myself, am in good health and sufficient physical condition to participate and properly use equipment; that I, on behalf of myself, am knowledgeable about the proper use of any equipment that I, on behalf of myself, will use and the rules of any activities that I, on behalf of myself, will participate in.

Payments for facility usage are due in advance, each month. Cash, check or credit card payments are accepted. Checks should be made to FTR. FTR/GLPT's Transitional Exercise program is a monthly program without a contract; therefore, refunds are not available.

I, on behalf on myself, have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I, on behalf of myself, am 18 years old or older. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

Signed: _____

Printed Name _____

Date _____

Rules & Regulations

I, on behalf of myself, agree to the following rules and regulations of the facility:

1. FTR/GLPT's Transitional Exercise program is available in 2 locations. Please see the Front Desk for information on participation sites and times available.
2. Participants must sign in at the front desk when entering the gym.
3. Participants have access to equipment for wellness activities solely on a volunteer basis on their own time and should seek medical approval before starting any new exercise program.
4. Payment is the sole responsibility of the participant and is paid in advance of each monthly session.
5. FTR is primarily a physical therapy and rehabilitation business. **Please yield** equipment to physical therapy patients while exercising in the clinic otherwise access to the fitness room exercise equipment is on a first com, first serve basis. The amount of equipment is limited and participants are asked to limit their use on the fitness equipment to 15 minutes when others are waiting to use the equipment.
6. Physical therapy equipment such as electric stimulation, heat and ice/compression treatments are excluded.
7. Participants are responsible for leaving the gym clean and following the posted rules for safe use of the fitness equipment. Problems with exercise equipment should be reported to the FTR staff.
8. Participants must supply their own towels.
9. It is your responsibility to wipe down the equipment after each use.
10. No equipment is to be removed from the premises.
11. All areas of the gym shall remain alcohol and tobacco free. FTR reserves the right to refuse use of the equipment due to intoxication or other dangerous behavior.
12. The fitness center is not responsible for lost or stolen personal belongings.
13. Failure to observe the above rules can result in termination of the participant's access to the facility.
14. Any rule or safety behavior not stated is left to the judgment of the FTR staff.

I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Signed: _____

Printed Name _____

Date _____