



Massage, Light Therapy, and ART® Liability Waiver

I understand that I am receiving Active Release Techniques®, massage therapy and/or light therapy services offered by SOL Performance Training, DBA (Sports and Orthopedic Leaders Physical Therapy, Inc.). I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any wellness service. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation or make my participation unduly risky.

In signing this document I agree that SOL Performance Training is not responsible for the safekeeping of my personal belongings. In consideration of my participation in the SOL Performance Training classes and/or any other wellness services offered including massage therapy, light therapy, and ART®, I, for myself, my heirs and assigns, hereby release Sports and Orthopedic Leaders Physical Therapy, Inc. (employees and owners), from any claims, demands and causes of action arising from my participation.

I fully understand that I may injure myself as a result of any participation at SOL Performance Training and I, hereby release SOL Performance Training, DBA (Sports and Orthopedic Leaders Physical Therapy, Inc.) from liability now or in the future, including but not limited to, musculoskeletal injuries, cardiovascular complications, or even death, however caused, occurring during, or after my participation. I understand that by agreeing to this waiver I am giving up substantial rights, including my right to sue. I intend my acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I have carefully read this Agreement and understand its contents. I am aware that this is a release of liability and indemnity, and a contract between the companies and me, and that I sign it of my own free will. I agree that no oral representations, statements or inducement apart from this written Agreement have been made.

I understand that massage therapy, light therapy, and ART® sessions offered at Sports and Orthopedic Leaders Physical Therapy, Inc. are wellness services, meaning I agree to pay the cash rate and that full payment is due at time of service. The services I receive will not be billed to my insurance, nor will I receive codes to submit to my insurance for reimbursement. If I choose to pay for a discounted package of sessions, I understand that the sessions do not expire and the purchase is non-refundable.

Sports and Orthopedic Leaders asks that appointment cancellations be made within 24 hours. If I cancel my appointment or sessions, or do not show up within 15 minutes of my scheduled time, I agree to pay the full fee for the service for which I was scheduled.

By signing below, you acknowledge that you have carefully read, fully understand, and voluntarily agree to the policies listed above.

Name

Signature

Date

Signature of Parent or Legal Guardian of Client Less than 18 Years Old: _____

SOL Performance ART®, Massage Therapy, and Light Therapy - Client Information

Date of Birth: _____ Age: _____ Gender: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact Name _____ Emergency Contact Phone #: _____

1. Have you ever experienced the following: (Please Explain "Yes" Answers Below)

Any form of heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shortness of breath or chest pains?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High blood pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Smoking Habit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High cholesterol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Family history of heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

2. Are you currently taking any medication? (Please Explain "Yes" Answer Below) Yes No

3. Are you pregnant? Yes No

Have you recently given birth? Yes No If yes, when? Date: _____

4. Have you ever had an injury to the following body parts? (Please Explain "Yes" Answers Below)

Knees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hip/Pelvis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Foot/Ankle	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neck/Shoulders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other:	_____	

5. If you answered yes to anything in questions 1 – 4, please explain using the space below:

6. What service(s) will you be receiving? (Circle all that apply) **ART®** **Massage** **Light Therapy**

7. What are your goals for the above service(s)? _____

Program Considerations

Are you interested in supplementing your wellness services with performance training? Mark your interest below:

Small Group Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	One-On-One Performance Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• SOL Performance Bootcamp	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Titleist Golf Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• SOL TRX Suspension Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sports Performance Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• SOL Kettlebell Conditioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Training Using the AlterG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• SOL Functional Movement	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

	Mon	Tues	Wed	Th	Fri	Sat	Sun
What is the best time for you to train?	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>

How did you find out about us? _____

Cancellation, Late, Reschedule, and No-Show Policies for SOL Performance

Dear SOL Performance Client:

We are thankful for the opportunity to provide you with the high quality services that will improve your overall wellness and quality of life. We promise you a personalized and professional experience. Out of self-respect for your goals, and out of respect for the time, energy, and effort SOL's staff puts forth in creating the very best in health and wellness services, we ask for your cooperation in making the sessions you've scheduled a priority.

If you need to cancel or reschedule any appointment for any service at SOL Performance, we require 24 hours of advanced notice. Giving us at least 24 hours enables us to offer your former spot to another performance training client, and ensure that your service provider's time is put to good, productive use.

Below, we've listed exactly what you can expect if you cannot make an appointment.

LATE POLICIES

If you are less than 15 minutes late and have contacted SOL to inform your practitioner, you may complete the remaining time scheduled for your session.

If you are more than 15 minutes late and have not contacted SOL, we hold the right to consider your appointment a "No-Show." As per the no-show policy, we reserve the right to charge you for the full cost of the scheduled session.

NO-SHOW POLICY

If you scheduled an appointment and do not come to your appointment, or if arrive more than 15 minutes late to a scheduled appointment, we reserve the right to charge you for the full cost of the scheduled session.

CANCELLATION POLICIES

If you need to cancel a session, you are more than welcome to do so, as long as you provide **more than 24 hours notice before** your scheduled appointment.

If you cancel within 24 hours of your appointment, we reserve the right to charge you for the full cost of the scheduled session.

RESCHEDULE POLICIES

If you need to reschedule a session, you are more than welcome to do so, as long as you provide **more than 24 hours notice before** your scheduled appointment.

If you reschedule within 24 hours notice of your appointment, we will waive the cancellation fee if and only if:

1. You reschedule your appointment to later the same day (if there is time available). **OR**
2. We are able to fill your vacated slot with another client.

If we are unable to reschedule you to the same day or fill the vacant slot, the appointment is considered a cancellation, and we reserve the right to charge you for the full cost of the session.

We truly do not want to have to charge you for sessions you did not attend. These policies are in place because we've found that they encourage client compliance to their performance goals (not because we want to profit from your lack of compliance). Thank you for your understanding and participation.

By signing below, you acknowledge that you have read and agree to all the policies listed above.

Client Signature

Date

Trainer Signature

Date

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