



Welcome to SOL Performance Training

SOL Performance is a fitness and wellness facility 100% dedicated to helping you learn the fundamental types of movement guaranteed to improve your performance now while fostering a lifetime of healthy, unencumbered movement. Our entire staff is committed to helping you reach your performance goals, and making your experience enjoyable!

Commitment & Refund Policy

COMMITMENT defined: "That which is demonstrated in RESULTS. Commitment is simply doing "what's required" to get the result you intend. A powerful declaration which 'alters' behavior."

SOL Performance's Commitments to You

Performance Training:

During the first session, we will perform a comprehensive fitness evaluation and the Functional Movement Screen to give you a baseline from which to quantify your progress. We will take the time to understand your performance goals, design a customized weekly program to catapult you toward your desired results, and continuously modify your program as you progress.

Small Group Training:

We will always limit training sizes to 10 total participants or less. Our purpose in limiting the size of our small group training is to ensure we can give each small group training participant individualized attention, and so that we can customize sessions to participants at each training.

Restoration Services:

We are committed to providing only the highest quality restoration services provided by licensed practitioners.

Your Expected Commitment to the Process

In order to achieve results you must be 100% committed to the training or restoration services you've chosen to achieve your fitness and/or wellness goal. Commitment means scheduling sessions regularly, showing up to scheduled sessions, working hard during training, and following the recommendations of your performance trainer or practitioner inside and outside sessions.

Refund Policy:

We are committed to providing only the best possible service to our clients. If you have committed to the process and are not satisfied with our services, we will be happy to issue you a refund for services not performed. If you have paid for a package, you will be refunded for unused sessions.

By signing below, you acknowledge that you have read and understand SOL's Commitment and Refund Policy and agree to be bound by the above terms and conditions for the duration of your participation.

Your Name

Signature

Date

SOL Performance and Small Group Training Liability Waiver

Voluntary Participation. I have enrolled in a program of physical exercise, including but not limited to, aerobic exercise, weight training and the use of various other exercise equipment offered by Sports + Orthopedic Leaders Physical Therapy, Inc. dba SOL Performance Training (collectively, the “companies”). I hereby affirm that I am in good physical condition and do not suffer from any disability or disease that would prevent or limit my participation in an exercise program.

Assumption of Risk. I fully understand that this exercise program may be hazardous or harmful to me. I am voluntarily participating in this program with knowledge of the dangers involved, and agree to accept any and all risks of injury, illness or even death that can result from an exercise program. I acknowledge that I have been advised of the need for a physician’s approval for my participation in this exercise program, and affirm that I have either received a physician’s permission to participate, or that I have decided to participate in this program without the approval of my physician. In signing this document I agree that Sports + Orthopedic Leaders Physical Therapy, Inc. is not responsible for the safekeeping of my personal belongings.

Release and Indemnity. In consideration of my participation in this exercise program, I, for myself, my heirs and assigns, hereby release, defend and indemnify the companies and their owners, directors, officers, employees and contractors from any claims, demands and causes of action arising from my participation in the exercise program, whether or not caused by any negligence of the companies or their owners, directors, officers, employees or contractors.

Scope. I agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, shall be interpreted fairly and not against the drafter hereof, that in any action hereunder I expressly waive the right to trial by jury and that if any portion of this Agreement is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Knowing and Voluntary Execution. 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.

Financial Agreement

I understand that fitness related services or wellness 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 Physical Therapy, Inc. asks that appointment cancellations be made within 24 hours. If I cancel my fitness related services or wellness session, 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
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Signature of Parent or Legal Guardian of Participant Less than 18 Years Old: _____

SOL Performance and Small Group Training - 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:

Performance Training Client Program Considerations

Of the following, please indicate which performance training services you are interested in trying:

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"/>

What is your fitness/athletic background? _____

What are your performance training goals? _____

How did you find out about SOL Performance? _____

Informed Consent for SOL Performance and Small Group Training

This document must be signed before you participate in your first performance training session.

Purpose and Explanation of Procedure

- I hereby consent to voluntarily engage in a personal fitness program.
- I also give my consent to be placed in personal fitness training activities which are recommended to me for
 - Improvement of my general health and well-being
 - Favorable alteration of my body composition.
- Personal training fitness activities may include but are not limited to strength training, cardiovascular, kinesthetic, and flexibility exercises.
- The levels of exercise I perform will be based upon my cardiovascular and muscular fitness.
- I will be given exact personal instructions regarding the amount and type of exercise I should perform.
- If I am taking medications, I have already informed SOL of their use.
 - If my medication use changes as a result of doctor's advice or personal decision, I will inform SOL of any changes.
- I understand that it is recommended that I consult with my physician before starting any exercise program.
- I understand that personal training/performance/fitness services offered by SOL are not physical therapy services.
- I understand that if I have a contagious illness, I should cancel or reschedule my appointment or session.

Risks

- I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear.
- I understand that there exists the risk of bodily injury, including but not limited to injuries to the muscles, ligaments, tendons and joints of the body. At this point, I have been advised that it is my obligation to inform SOL of my symptoms immediately.

Rights

- I have the right to participate in formulating and following through with my fitness program.
- I have the right to terminate my fitness program at any time.

By signing below, I acknowledge that I have read all of the above, and understand this document in its entirety.

Printed Name _____ Signature _____ Date _____

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

Dear SOL Performance Training Client:

We are thankful for the opportunity to help you set and achieve the fitness goals that will improve your overall wellness and quality of life. We promise you a personalized, exciting and challenging 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 trainer'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 trainer, 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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