



WHIM Fitness Liability Waiver

Name of client _____ . Age _____ Birth date ____/____/_____

Date of signing ____/____/____ Phone number. _____ Email address. _____

WHIM Fitness is a fitness program addressing the movement needs of a person, both large muscle movement, such as exercise and small cellular movement, such as the effects of massage. Elizabeth's training in the healthcare industry include: Licensed physical therapist, licensed massage therapist and certified **GYRTOTONIC®** trainer.

1. _____ Please read and initial each statement, indicating you are in agreement. If you do not agree, or have questions, please feel free to get clarification prior to your next WHIM-fitness session.

2. _____ Please ask your doctor if you able to participate in a fitness program to address the goals you have set here. WHIM-Fitness is an individual health and fitness training program, addressing the specific physical needs of each client. It is not done in coordination with your Doctor. If your doctor has concerns about you receiving massage/soft tissue treatment, &/or participating in physical activity, please consider a referral to WHIM-Therapy for physical therapy under Doctor's guidance.

Please supply your doctor's name, phone number and address or Medical group name:

3. _____ If you have specific contra-indications (reasons to avoid or limit certain exercises or treatments). Please list them here. This includes concerns such as: heart conditions, general health issues (as an example: auto-immune disease or diabetes), or surgery (either previous or upcoming). These are areas that should be discussed with your doctor prior to the start of Fitness program.

A. _____ B. _____

C. _____ D. _____

4. What are your goals for conditioning, training and support?

A. _____ B. _____

C. _____ D. _____

5. _____ Any fitness work is a balance between challenging the body's muscular system and preventing injury. The potential for soreness and pain are two viable results that can occur with any new exercise program. Modifications can always be made. The client always has the right to request stopping an activity due to pain or discomfort. It is the client's responsibility to make known the condition of their body. By initialing here, I understand my responsibility to communicate and the potential for injury to happen. I do not hold Elizabeth Franklin, or WHIM-Fitness liable if soreness or reactionary pain occurs during or following treatment.

6. _____ If soft tissue work is being performed and the client does not feel comfortable with the trainer's hand placement or pressure for any reason, the client has the right to request a stop of treatment and decide if they'd prefer it stopped all together or changed to meet client's own comfort level. Finding a comfortable balance & appropriate technique is part of the journey and should not be assumed provocative. If the client has repeatedly (2 times) request changes on any specific hands-on treatment, that technique will be noted and discontinued.

7. _____ Depending on a person's medications, diet and scar tissue history, bruising and discoloration can occur with some soft tissue techniques. On occasion it can be a healing benefit to have discoloration occur. Please feel free to ask questions and confirm reason for technique to be used. If you are opposed to any discoloration, please make clear to your trainer/therapist your concern.

8. _____ Report any diagnostic tests completed on or related to the area being addressed. This includes tests such as X-ray, MRI, CT scan, bone scan or DEXA scan. Or note, no diagnostic testing has been done. Gathering summaries of any diagnostic test is much appreciated.

9. _____ Please fill out the medication sheet, including supplements and over the counter medications and frequency. If you are taking them only as needed write 'PRN'. If more space is needed, use the back of this paper. If not taking any medications, please initial here. _____

Name of medication (Brand name is fine)

Name	Dosage	method	Freq	For purpose

10. Pertinent health injury history. Systemic issues (cardiac, auto-immune), joint or limb injuries (sprains/strains.)

Body part or Disease name	Pain level 0-10	Approx. start date	Impact on your life? Resolved? Ongoing issue?	What improves it?	What aggravates it.?

11. _____ If information is passed along electronically or via telehealth sessions, you are giving permission to to personal information over phone, text, sms messaging or the internet service, such as Zoom®. All cares to maintain HIPAA protocol is followed and any breach of WHIM-Fitness services, you'll be informed immediately

12. _____ WHIM-Fitness is a cash only entity. It is not credentialed or supported by any insurance company. Payments for WHIM-Fitness services do not go towards insurance. deductibles. WHIM-Fitness or the client cannot make an application or bill services rendered to their personal insurance company. It will be denied. If Client's prefer payment through their insurance company, please request a WHIM-Therapy referral from your doctor to work with the WHIM-Therapy Physical Therapist.

13. _____ Medicare patients, please take special notice. WHIM-fitness is not a Medicare program. By initialing this here you understand and agree that this is a supplemental program and not covered by your insurance.

14. _____ All payments are direct to WHIM-Fitness. Payments for completed sessions are required to be made in full for each session prior to the next schedule session takes place.

Payments can be made Paypal®, Venmo® or Zelle®

Zelle is the preferred electronic method of payment.

And, of course, good old cash is accepted. Checks are easier to track and are appreciated.

Here's looking forward to meeting your goals

Elizabeth Franklin, PT, LMT, Master's certification in Performing Arts Medicine. Certified **GYROTONIC®** trainer

Please see my full resume on my Web site of www.WHIMtherapy.com

Address questions or concerns to Elizabeth Franklin through WHIM-Fitness the number is 253.951.3023

Or Email at elizabeth.franklin@gmail.com