



CARO REGION

**RENU 60 EXERCISE ENROLLMENT AGREEMENT**

For a sum of \$0.00 dba McLaren Caro Region Renue Physical Therapy (the "Facility") agrees to grant access to me being of full age of majority (as signed below) to Facility, including its facilities and equipment in order for me to participate in a voluntary independent maintenance program ("Renue 60") for a maximum period of 40 consecutive business days or eight consecutive weeks. This "Renue 60" Program in entered into my own accord and desire. I understand that this "Renue 60" program is not intended to treat or lead to detection of any potential or actual health problems or conditions. As such, I understand I should consult my primary care physician prior to participating in McLaren Caro Region Renue 60 Program. I understand the McLaren Caro Region Renue 60 Program is for health maintenance purposes and is not intended to be, nor shall be construed to the medical care, advice or assessment. I hereby agree to the following as indicated by initials.

I have recently completed a prescribed physical therapy treatment with the Facility and I have been provided with a voluntary independent maintenance plan by the Facility. \_\_\_\_\_

I have been thoroughly instructed in the safe and correct set-up and use of the exercise equipment at this Facility, and fully understand the same. \_\_\_\_\_

I understand and agree that I am to use the equipment in the proper and safe manner in which I was instructed and am fully comfortable and confident in doing so. \_\_\_\_\_

I stipulate that I am to perform all activities independent of assistance or supervision from the Facility's staff. In so doing, I understand that the McLaren Caro Region Renue 60 Program is designed to be an independent program and is not deemed to be physical therapy, medical care, or medical in nature.

\_\_\_\_\_

I agree to hold the Facility and all the owners, employees, affiliates and agents of Facility harmless for any injuries that result from the Facility and the equipment, or participation in the McLaren Caro Region Renue 60 Program. \_\_\_\_\_

I understand that my use of the Facility and equipment must not interfere with or disrupt current Facility patients. Current patients receiving treatment have first right to the use of the facility and equipment, at sole discretion of the Facility. \_\_\_\_\_

I understand that any time my participation in the McLaren Caro Region Renue 60 Program is disruptive or interferes with the Facility's services. I will cease to participate in the McLaren Caro Region Renue 60 Program, as requested by Facility. \_\_\_\_\_

In recognition of the foregoing, as evidence by signature below, I agree that neither Facility or any of its agents, employees, parent, affiliates, or assigns shall be liable for any damages resulting from, with, or arising out of, my participation in the McLaren Caro Region Renue 60 Program and I waive any claim, loss or cause of action against Facility, arising under or associated with the McLaren Caro Region Renue 60 Program.

AGREE AND ACKNOWLEDGED:

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Reviewed by Therapist: \_\_\_\_\_

**Thank you for choosing McLaren Caro Region Renue Physical Therapy!**



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