



## BIKE FIT REGISTRATION / CONSENT / WAIVER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact preference:  Home  Work  Cell  Email

Gender:  Female  Male  Other Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please read the following statements carefully and sign at the bottom, indicating understanding and consent.***

***Physical Therapy:*** I understand that Bike Fit is NOT intended to be a physical therapy evaluation. If I have a condition that is beyond the scope of the bike fit protocol, then physical therapy consultation and / or physician referral may be suggested as an option.

***Payment and Cancellation Policy:*** Full payment for services rendered will be due at the time of service per the following fee schedule: initial bike fit session (plus follow-up session) — \$220; 1 hour additional bike fit (existing client) — \$120; additional bike (existing client) — \$150. Peak Fitness and Physical Therapy does not bill medical insurance for bike fitting sessions. Our specialists value your time and request that you value theirs. If you are unable to keep your scheduled appointment, please notify our office as soon as possible. All appointments cancelled within 24 hours of the appointment time will be assessed a \$25 fee. These charges cannot be billed to your insurance company and will be your responsibility. Missed appointment fees must be paid at the time of cancellation.

***Consent and Waiver:*** I have provided accurate information regarding my current health (including any health or fitness issues, medications, or treatments that may impact my participation), as well as my past medical history, to the best of my knowledge. I understand that it is my responsibility to notify Peak Fitness and Physical Therapy of any changes to my medical history.

I am sufficiently healthy to participate in the sport of biking and have not been told by a health care provider that exercise is unsafe for me. I acknowledge that I was encouraged and advised to consult with a physician prior to exercise, including Bike Fit Sessions, regardless of specified risk factors.

I agree that if I experience any pain, discomfort, or safety concern, then I will communicate this information to Peak Fitness and Physical Therapy immediately during the bike fit session and / or during the follow-up/break-in period.

**By signing below, I indicate that I have read and understand each of the above policies of Peak Fitness and Physical Therapy. I have addressed any concerns with these policies with the Bike Fit Specialist. I further release Peak Fitness and Physical Therapy and its owners/employees/contractors from any liability resulting from the Bike Fit and / or exercise/techniques prescribed during the session.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_