

Beyond Rx_{SM} Acknowledgement Agreement

As a participant in Elam Sports O`ahu™'s Beyond Rx_{SM} Program, you are required to read the following acknowledgements. If you are in agreement to these acknowledgements, please indicate so by printing your name below and sign and date the document at the bottom of the page.

I, _____, acknowledge the following stipulations of the Beyond Rx_{SM} Program:

(Print Name)

1. That this program is a privilege accorded only to Elam Sports O`ahu™ patients who have completed their prescribed physical therapy/rehabilitation.
2. That I am qualified to participate as a former or current patient of Elam Sports O`ahu™ and that I have been recommended for participation by my treating therapist (or designated therapist).
3. That I am considered an independent exerciser and that supervision for this program is general and indirect.
4. That I am responsible for payment before participating and that payment is due on the first business day of every month.
5. That I am responsible for signing-in prior to each session at the Beyond Rx desk.
6. That, as an independent exerciser, I am responsible for monitoring my own program and that Elam Sports O`ahu™ will provide me with a daily exercise log/card in order to do so.
7. That patients in treatment have first priority regarding access and utilization of equipment and exercise areas; and that I am to yield equipment and exercise areas to patients in treatment.
8. That I will observe proper training facility etiquette in that I will share equipment and not horde equipment or other exercise devices and areas.
9. That I will practice sanitary techniques to ensure cleanliness of equipment surfaces that may become soiled during exercise.
10. That I am responsible for safely placing equipment back to its original station after completion of my exercises.
11. That clinical staff has the responsibility to provide direct supervision to patients-in-treatment and cannot be interrupted by Beyond Rx_{SM} participants during those times.
12. That I am allowed unlimited sessions during the month that I have paid for and that access is only during specified days and hours determined by the Elam Sports O`ahu™ clinic's TEAM.
13. That I will observe and obey the rules and policies governing the operation of the Elam Sports O`ahu™ clinic where I am enrolled.
14. That Elam Sports O`ahu™ reserves the right to change pricing and program policies as well as the right to terminate either program or participation at its discretion.
15. Patient-patrons have the right to cancel participation at anytime and may request a refund for 50% of the remaining sessions in any one month period.

Agreed and Acknowledged:

Signature

Date