

Perfect Postures, Inc.

www.perfectpostures.com

617-244-6900

Suite 110
2020 Commonwealth Avenue
Newton, MA 02466

22 Graf Road
(Inside Fuel Fitness Studio)
Newburyport, MA 01950

Client Agreement for Corrective Exercise Training
(hereinafter "This Agreement")

Congratulations on your decision to participate in the Corrective Exercise Program at Perfect Postures, Inc. (hereinafter "Perfect Postures"). With our help, we are confident that you will greatly improve your ability to accomplish your corrective exercise training goals. The details or lessons learned from these corrective exercise training sessions can be used for a lifetime.

PLEASE PRINT: Client's Full Name _____

Street Address _____

City, State, Zip Code _____

E-Mail _____

Preferred Phone _____

In consideration of the Client receiving our corrective exercise training services and being able to participate in a corrective exercise training session, sessions, or program with one of our specialists, Client understands that he/she must: (1) select and purchase a session or package of sessions, more fully described below; (2) must read, agree to and sign This Agreement; (3) must complete our Confidential Health History form; and (4) must read, agree to, and sign the Assumption of Risk, Waiver and Release of Liability, and Indemnification Agreement, whereby Client, among other things, assumes the risks, waives liability, and agrees to indemnify and hold Perfect Postures harmless, for any loss, liability, damage, or cost associated with Client's use of Perfect Postures' services and/or participation in its corrective exercise training sessions and program. Client additionally agrees to abide by Perfect Postures' corrective exercise training terms, conditions, policies, and procedures.

This Agreement is effective as of _____
(hereinafter "effective date") by and between the above-named Client and Perfect Postures. The corrective exercise services shall be provided to Client at Perfect Postures's premises located in _____.

After consultation with a member of Perfect Postures' staff and after reading the descriptions below, Client hereby selects (by circling) the following options for corrective

exercise training which Client agrees to purchase. By selecting a corrective exercise session or program and reading, agreeing to, and signing this Agreement, Client authorizes Perfect Postures to maintain Client's credit card information on file and to charge Client, in advance, for the cost of Client's selected program as set forth in Perfect Postures' Pricing Sheet that is presently in effect and is attached hereto .

Corrective Exercise Program Options

One Session

Six Session Package

In accordance with Perfect Postures Pricing Sheet that is presently in effect, **the cost of Client's selected corrective exercise program is: _____**. **This commitment cannot be cancelled, and no refunds will be issued for any reason.**

Cancellation Policy – Client agrees to provide Perfect Postures with a **minimum of 24-hours prior notice** for any cancelled session. This requirement is necessary to meet the needs of all clients and for Perfect Postures to provide the best possible service. Client understands that Perfect Postures will charge him/her a \$25.00 fee for the first cancellation that occurs with less than 24-hour notice or for the first "no-show" or missed appointment. Client further understands that for any future occurrences, Perfect Postures will charge him/her the full cost of the session, and the Client will lose the opportunity to reschedule the session. **Client hereby authorizes Perfect Postures to charge Client using Client's credit card information on file for any cancellations or no shows.** Client also understands that if he/she arrives late to a session, he/she will receive only the remaining scheduled session time unless other arrangements have been previously made with Perfect Postures.

Acceptable forms of cancellation notification are:

An email notification to aaron@perfectpostures.com; a hand-delivered notification to an authorized member of the Perfect Postures' staff; or a telephone message left with an authorized agent of Perfect Postures or on its voicemail using 617-244-6900.

The responsibility for making up missed sessions due to proper cancellation is on the Client. Perfect Postures will honor prepaid corrective exercise training sessions for up to one year from the date of purchase.

Client Initials

Client acknowledges that he/she knowingly and voluntarily authorizes and consents to Perfect Postures' provision of its services, including but not limited to evaluation of Client, exercise recommendations and implementation, and myofascial release techniques. Client also understands that he/she has the right to consent or refuse to consent to the implementation of any exercise, procedure, or service offered or recommended by Perfect Postures and can stop or decrease his/her participation at any time during a session. Client recognizes that it is his/her obligation to inform Perfect Postures of any symptoms such as fatigue, numbness, dizziness, shortness of breath, or chest discomfort. Client further acknowledges and accepts that no results from Perfect Postures' provision of its services or recommendations have been or can be guaranteed. Moreover, Client understands that the services provided by Perfect Postures are

not a substitute for and cannot replace medical examination or diagnosis, and it is recommended that a physician be consulted for those services.

Client hereby authorizes the release of any information, including any health and medical information, contained in his/her records with Perfect Postures either at Client's request, to Client's referring health care professional, if required or permitted by law, to enforce any claim or right Perfect Postures may have against Client, or to facilitate Perfect Postures' defense against any claim brought by Client.

Any client who is under the age of eighteen (18) must have a parent or legal guardian co-sign This Agreement, and they shall be jointly and severably liable for any and all obligations of Client hereunder and shall be bound by all the terms and conditions of This Agreement.

Client acknowledges and agrees that no oral representations, statements, or inducements apart from those contained in This Agreement have been made.

Client

Date _____

Parent or Legal Guardian of Client (if under the age of 18)

Date _____

Authorized Representative of Perfect Postures

Date _____

THIS IS A LEGALLY BINDING CONTRACT. YOU HAVE THE RIGHT TO CONSULT A LAWYER REGARDING ANY OF THE TERMS OR DOCUMENTS REFERENCED IN THIS AGREEMENT PRIOR TO SIGNING IT.

THE CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS AGREEMENT AND THE DOCUMENTS REFERENCED WITHIN IT.

Client

Date _____