

Participant's Agreement and Consent Form

SDSU Adaptive Fitness Clinic

Date: _____

Name: _____

Address: _____

Phone: _____

I am requesting enrollment in the Adaptive Fitness Clinic at San Diego State University of my own free choice. I am aware that a physical activity program will be designed to specifically meet my needs. I also understand that I must obtain a medical authorization from my physician prior to beginning participation in this physical activity program.

I have reviewed, with the clinic Registered Kinesiotherapist or trained clinic staff, my medical condition(s) and other relevant information as submitted by me on the Health, Medical, and Activity History form (Attachment A). I am aware that it is my responsibility to update my student clinician and clinic staff of any changes that occur in my medical status or medications. I realize that if the activities that the clinic promotes should aggravate my condition, appropriate modifications will be made.

I am aware that my regular attendance is critical to any improvement that I may make and my commitment is essential to the success of the student clinicians participating in this clinic. All absences from selected class times should be communicated to clinic staff or director in advance by phone at (619) 594-2017 or email sdsufitclinic@mail.sdsu.edu asap.

Check class preference:

Mon/Wed 9:00 am – 10:15 am _____

Mon/Wed 10:30 am – 11:45 am _____

Mon/Wed 12:00 pm – 1:15 pm _____

| | | | |
|------------|---------------------|-------|-------|
| Mon/Wed | 2:00 pm – 3:15 pm | _____ | |
| Mon/Wed | 3:30 pm - 4:45 pm | _____ | |
| Tues/Thurs | 8:00 am – 9:15 am | _____ | _____ |
| Tues/Thurs | 9:30 am – 10:45 am | _____ | |
| Tues/Thurs | 11:00 am – 12:15 pm | _____ | |
| Tues/Thurs | 12:30 pm – 1:45 pm | _____ | |
| Tues/Thurs | 2:00 pm – 3:15pm | _____ | |
| Tues/Thurs | 4:30 pm - 5:45 pm | _____ | _____ |
| Tues/Thurs | 6:00 pm – 7:15pm | _____ | |

| | | |
|------------|---------------------|-------|
| 10. Friday | 9:00 am – 10:15 am | _____ |
| | 10:30 am – 11:45 am | _____ |
| | 12:00 pm – 1:15 pm | _____ |
| | 1:30 pm - 2:45 pm | _____ |

Check semester schedule choices:

Summer _____ Fall _____ Winter _____ Spring _____

Initial Evaluation Fee \$125.00

Spring, Summer & Fall Fee Schedule:

(Please make this check payable to: **"SDSURF Fitness Clinic"**)

| | |
|-----------------|----------|
| Registration | \$840.00 |
| Optional Friday | \$350.00 |

Additional days based on space availability on Monday – Thursday at \$350.00 per day.

Winter Fee Schedule:

| | |
|------------------|----------|
| Registration | \$250.00 |
| Optional Fridays | \$130.00 |

Parking: Permit \$30.00 per semester (except winter)
(Separate check, made payable to: **"SDSU Parking"**)

*Fees Subject to Change

In consideration of acceptance of this agreement and my participation, I hereby, for myself, my heirs, and my executors, waive any and all claims for damages I may have against San Diego State University Research Foundation, San Diego State University, Exercise & Nutritional Sciences, for the Adaptive Fitness Clinic and all sponsors or any other individuals associated with the above for any and all injuries sustained in my participation. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all the persons and entities mentioned above.

I will additionally permit the use of my pictures for educational and promotional purposes, etc.

I have been instructed in and understand the extent of the emergency procedures adopted by SDSU and the Adaptive Fitness Clinic. In addition my personal medical emergencies will be handled in accordance with my Medical Evaluation.

All participants are responsible for paying semester/session fees in full by end of each semester. Payment deadline dates will be provided by staff during each semester/session. If participant's account is not up to date and paid in full by end of each semester, participant will lose program placement. Participant will no longer be able to carry over any outstanding balances into the following semesters/session. The result of carrying balances into the following semester will result in forfeiting program enrollment.

Participants and/or Primary Advocate are responsible for alerting clinic staff about any changes to their confirmed program schedule prior to provided deadlines. Staff will alert all participants of deadlines for change of schedule during each semester/session in clinic on announcement board. Failure to make schedule changes prior to established deadlines will result in a \$75.00 fee. Schedule changes include but are not limited to change of class time, change in attendance frequency, and cancelling attendance. In the event of medical emergency or unforeseen circumstances no fee will be assessed.

Participants and all parties involved with enrolled attendee are responsible for personal behavior. The SDSU Adaptive Fitness Clinic does not tolerate any form of verbal or physical abuse towards clients, staff, students, volunteers or any other individual associated with our clinic. There is a zero tolerance policy towards physical and verbal abuse. Any confirmed/clear abuse as mentioned in policy is grounds for immediate termination of enrollment. In addition to zero tolerance policies, all clients and associated parties are subject to a three strike policy that includes but not limited to disrupting participant's program, distracting or inappropriate behavior, inappropriate language, inappropriate touching, non compliance issues, causing a hostile environment for staff, clients, students, and behavioral issues. Clients' supporting parties and advocates who violate clinic policies will directly affect enrolled participant's active status with program. This list is not exhaustive but provides general reasons for strikes and potential dismissal from program. If client is dismissed for violation of behavioral policies, no refund or proration of fees will be provided.

SDSURF/Adaptive Fitness Clinic shall use its best efforts to provide the services herein contained at the time and in the manner herein provided. This agreement may be terminated by SDSU Research Foundation/SDSU Adaptive Fitness Clinic or by the client at any time upon the giving of thirty (30) days prior written notice to the other party. Said notice by the client shall be given to the Fitness Clinic Director or any clinic staff member.

Participant or Parent/Legal Guardian on behalf of Participant:

Signature: _____ Date: _____

Print name and relationship to Participant:

Name _____ Relationship _____

For any questions contact SDSU Adaptive Fitness Clinic at: (619) 594-2017 or sdsufitclinic@mail.sdsu.edu

**Return completed forms to: Matthew Soto, RKT
Department of ENS
San Diego State University
San Diego, CA 92182**