

# PHYSICAL THERAPY

**Flexibility, Strength, Balance**

## Assumption of Risk and Release of Liability Agreement

I, the undersigned, assume all responsibility for and risk of damage or injury that may occur as a result of my own actions, inaction's, or negligence, or that of others as a client of Leigh A. Roberts, DPT, OCS and L A R Physical Therapy. In consideration of and as part of payment for the right to participate as a client of Leigh A. Roberts, DPT, OCS and the L A R Physical Therapy, I will hold harmless, and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against Leigh A. Roberts, DPT, OCS and the L A R Physical Therapy, its owners, employees, and agents, for any and all injuries resulting from or arising out of, or incident to, my use of a the L A R Physical Therapy studio or location of instruction, or facilities and equipment in such place, or a result of, or incident to, engaging in exercises with Leigh A. Roberts, DPT, OCS and the L A R Physical Therapy or otherwise following Leigh A. Roberts, DPT, OCS and the L A R Physical Therapy instructions anywhere.

The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family.

By signing below, I certify that I am medically able to participate in a fitness program and or appropriate therapeutic exercise and have informed Leigh A. Roberts, DPT, OCS and the L A R Physical Therapy of any conditions that may effect my participation with Leigh A. Roberts, DPT, OCS and the L A R Physical Therapy.

I understand that I am participating in a personal training program, not a physical therapy program.

I understand that my personal medical information will not be released to any other party without my written permission

I have read, understand, and signed the foregoing assumption of risk and release of liability agreement.

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Print Name

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Address

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Phone # (day)

(evening)

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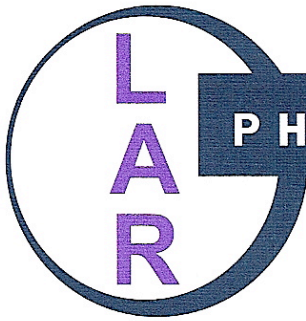
Signature of Client or Guardian

Date

9160 Rumsey Road, Suite B4

Columbia, MD 21045

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### **Notice of Pricing, Policy and Procedure Changes for Pilates**

Effective October 1, 2015

**Pilates** sessions scheduled for 60 minutes will include:

55 minutes of treatment and  
5 minutes of transition time

- The one-time fitness evaluation is \$130.
- Fitness- based: Private Pilates / Fitness training sessions aimed to work the core muscles of the body.

Individual session \$80 / hour  
5-pack \$75 / session = \$375  
10-pack \$67.50 / session = \$675

- Post-rehab/Therapeutic: Private sessions designed to meet the needs of your specific diagnosis. The sessions offer one-on-one attention to provide exercises that are modified to meet your needs and to improve the function of your daily activities.

Individual session: \$90/ hour  
5-pack \$80 / session = \$400  
10-pack \$75 / session = \$750

- Dance/Technique-enhancement: Private sessions designed to enhance dance specific skills. The sessions offer one-on-one attention to provide exercises that will challenge your technique to improve your performance.

Individual session: \$90/ hour  
5-pack \$80 / session = \$400  
10-pack \$75 / session = \$750

- ★ Visits must be used within a two-month period.
- ★ Returned checks will result in a \$30 administrative fee.
- ★ Missed appointment or cancellation (PIL) less than 24 hours of the scheduled appointment = Loss of session.

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Signature of Client or Guardian

Date

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