



Waiver, Guidelines, & Payment Agreement

Please complete and return this form to your BEST Physical Therapy & Performance staff.

Waiver – I agree that I am participating in the BEST classes at my own risk. I also agree that my CORE and COYO Coach and BEST Physical Therapy & Performance are not liable for any injuries or damages that may result from my participation in this program. I further agree that my instructor and BEST Physical Therapy & Performance will not be subject to any claim, demand, or damages including those damages resulting from acts of active or passive negligence on the part of BEST Physical Therapy & Performance, its owners, agents, or employees.

Cancellations – I understand that all cancellations require 24 hours' notice. I understand that if I do not show up for an appointment or provide adequate notification of cancellation, I will be charged for the scheduled session. If it is necessary for the Performance Specialist/Coach to cancel an appointment with less than 24 hours' notice, the session will be rescheduled for you or your group.

Appointments – I understand the importance of being on time for appointments. In the case that I am late for an appointment, the Trainer/Coach will wait 20 minutes from the scheduled time of appointment. After this period, the Trainer/Coach is free from obligation and I will be charged the full amount of the scheduled appointment.

Refunds – All payments are non-refundable and non-transferable (except in special circumstances). Refund and transfer requests will be reviewed by the BEST Performance Team to determine appropriateness.

Expirations – Package sessions expire 60 days from the date of purchase. Expiration extensions may only be given under special circumstances.

*Group Training Package: A shared training session between 2-3 people. The fee is determined by the group and payments must be paid in full by one member of the group.

By signing below, I acknowledge I have read, understand and agree to the information presented above.

Participant Signature: _____ Date: _____

Printed Name: _____

Phone # _____ Email: _____

Emergency Contact Info: _____

For Office Use Only:

BEST Location: _____ Amount Received: _____ Date: _____

Staff Signature: _____ Class(es): _____