NEURO FITNESS FOUNDATION

www.neurofitnessfoundation.org

NEURO FIT GYM

1361 W. Euless Blvd #101
Euless, TX 76040
Voice: 817-571-1323 FAX: 817-510-3994

Dear Prospective Client,

You are not alone.

Neuro Fitness Foundation (NFF) exists to help neurologically impaired individuals get healthy, stay healthy and improve their quality of life. Chances are, you have survived a devastating accident or medical incident or have been diagnosed with a neurological disease or even have a rare neurological disorder. Spinal Cord Injury, Multiple Sclerosis, Stroke, Polio, Spina Bifida and other neurological conditions require extra efforts to stay healthy and work toward independence. You must remain active and healthy, and that's where we can help you.

NFF provides many different types and kinds of specialized exercise equipment for strength and cardiovascular training and a fitness director with volunteers to assist you as you exercise. Through your regular participation, you'll enjoy opportunities to improve your physical strength and endurance. In addition, you'll meet similar clients who are kind, helpful and supportive of your fitness goals and who can share mental support and encouragement for an enjoyable experience.

Whether your disorder is caused by an accident or medical condition, rehabilitation and short-term therapy are often insufficient to restore or improve your functionality and mobility to its new capacity. Through NFF, you can help improve yourself, your attitude and your life.

This PACKET includes Client Information and Client Survey must be completed prior to your activity. To get started, we need the release from you physician. Download the Physician Release form and have your doctor sign and fax our release form to Neuro Fitness Foundation, FAX 817-510-3994. Then contact me to make an appointment for a free site visit and consultation. Complete the other pages and BRING WITH YOU to our facility. Please don't provide us with personal medical information as we do not need them. I will personally review your information and help you establish your personal fitness program.

I look forward to working with you at the Neuro Fitness Foundation.

Sincerely,

Shelby Lauderdale

Shelby Lauderdale, Fitness Director

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Client Information

Name (Last)_____(First)_____

Billing Address _____

City_____ State _____ Zip _____

Cell Phone # _____ Alt. Phone #_____

Date of Birth_____ Email_____

Neurological Condition_____Date of Diagnosis_____

Referred By_____ Previous Place of Rehab_____

NFF notifies our clients from time to time on updates, closing, and general information. Please enter your phone provider and sign to consent. Receipt of cellular phone text messages may be subject to service provider charges.

Cell Phone Provider _____Consent Signature_____

Emergency Contact Information

Name _____Phone:_____

Name _____Phone:_____

Pledge Information

Our goal is for the gym's monthly operation to be paid for through client donations so that fundraising monies can go to facility improvements. Still, we are making strides in improvements, but we would like your continued help and concern in improving our very special gym. Some examples: qualified help, new equipment, longer gym hours, special events, etc.

☐ I (we) pledge a monthly donation of $__30__ or other $ _____

☐ I (we) plan to make this contribution in the form of Cash ☐ Check ☐ Credit Card ☐

☐ I (we) wish to have our contribution remain anonymous

☐ I (we) request a waiver from the Board of Directors

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Reason for waiver request _____

How did you hear about NFF? _____

Personal Fitness Goals: _____

_____

Release of Liability

The undersigned (the client or the legal guardian, if the former is less than 18 years of age) for and in consideration for the use of the Neuro Fitness Foundation (NFF) (the foundation) facilities, equipment and personnel, agrees to refrain from suing the foundation and discharges Neuro Fitness Foundation and its board members, volunteers, agents and employees from all liability arising out of the participation in any and all activities and functions of the foundation. The undersigned agrees to hold harmless the foundation for any loss, injury or damage and indemnify the foundation for any damage. In the event of any sudden illness or injury, NFF has permission to administer the necessary medical emergency treatment and/or call the appropriate emergency agency for assistance at no liability to the foundation.

Print Name_____

Signature_____ **Date**_____

Photo/Video Release

I hereby give NFF consent to record, videotape, and/or photograph my image and/or voice captured at NFF activities and functions to be used for promotional, publications, training, educational,social media site, and archival purposes. I further understand that no special compensation or any other consideration will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

By signing below, I acknowledge that I have completely read and fully understand the above consent and agree to be bound thereby.

Signature_____ **Date**_____

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Physician's Release Form

Physician: _____Name of Facility_____

Phone: _____FAX: _____

APPROVAL IS REQUESTED FOR (YOUR PATIENT):

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

The above named individual requests your permission to participate in a fitness program at the Neuro Fitness Foundation. Written physician approval must be obtained prior to beginning the exercise program and at the time of any changes in medical or health status. The fitness program is supervised by an exercise specialist, but it is NOT medically supervised.

Physician: Please complete this box

1. The above named individual (MAY) or (MAY NOT) participate in the above named program.
2. Restrictions and/or recommendations:

   _____

   _____

   _____
3. Physician's Signature: _____ Date: _____

Please FAX the completed form to: **Neuro Fitness Foundation, FAX: 817-510-3994**