



Cancellation Policy Agreement

I understand that S.C. CORE Fitness + Rehab has a 24 hour cancellation policy. I agree and acknowledge that I will compensate S.C. CORE Fitness and Rehab in full if 24-hour notification is not given. There is a \$35.00 fee on all returned checks and \$25 fee on declined autopay transactions.

X _____ (Client Initials)

Consent & Liability Waiver Release Form

I, _____
(Parent or Guardian if client is under 18 yrs old) on behalf of

_____ (minor or child under 18) of Santa Cruz, CA, hereby affirm that I am entering a course of instruction in physical fitness and of physical fitness and therapy, and the basic safety rules for activities connected herewith.

I understand and agree that neither the class nor owners, operators, agents, or instructors, including not limited to S.C. CORE Fitness + Rehab and/or and affiliates, may be held liable in any way for any occurrence in connection with my physical fitness and performance, which may result in injury, death, or damages to me or my family, heirs, or assignees. I further acknowledge and forever release S.C. CORE Fitness + Rehab and/or in connection directly or indirectly with my physical fitness, training and therapy as a result of S.C. Core Fitness + Rehab and/or any affiliates own negligence, which may result in injury, death or damages to me or my family, heirs, or assignees.

In consideration of being allowed to enroll in this course I hereby personally assume all risks connected with the course, and I further release the instructors, program, agents, and operators, including but not limited to the persons mentioned for any injury or damage which may be incurred by me while I am enrolled in the fitness or performance course, including all risks connected therewith, whether foreseen or unforeseen; and further claim by me, or my family, estate, heirs, or assignees, arising out of my enrollment and participation in this course.

I further state that I am of lawful age and legally competent to sign the aforementioned release; that I understand that the terms herein is contractual and not mere recital; and that I have signed this document as my own free act.

I have fully informed myself of the contents of this aforementioned and release by reading it before I sign it, I have been advised to submit, at my own expense and time, to a medical examination to ensure myself, and assume my own responsibility of physical fitness program, and am physically fit as tested by a medical examination. I also understand that the owner reserves the right of membership. IN WITNESS WHEREOF, I have executed this aforementioned and release and understand there are NO REFUNDS at Santa Cruz CORE Fitness + Rehab on:

Client's Signature _____ Date _____

Authorized Signature _____ Date _____

We Take Most Insurances

Includes but isn't limited to; Anthem Blue Cross PPO, Blue Shield, Aetna, Cigna, United Health, Auto Accidents.

We Do not accept HMO's, such as ASH Kaiser, Santa Cruz Medical Foundation

Insurance Co.

ID #:

Group #:

Primary Holder:

Relation:

Assignment & Release

I certify that I, and/or my dependant(s), have insurance coverage with

_____ and assign directly to

Santa Cruz Core Dr. Riggins D.C.
 Other: _____

all insurance benefits, if any, otherwise payable to me for service rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will last as long as I continue care at Santa Cruz CORE. Signature of Patient, Parent, or Guardian:

x _____ Date _____

Patient Mother Father Guardian

Wellness Manager: _____ Plan: _____ Purchased: _____