



MANGIARELLI REHABILITATION

8935 E. MARKET ST.

WARREN, OHIO 44484

Ph.: 330-393-0079 Fax: 330-393-0005

Wellness Program Guidelines and Liability Waiver

April 5, 2021: Amended waiver for new /updated Wellness Program

I, _____ wish to participate in the Wellness program offered to me @ Mangiarelli Rehabilitation LLC, 8935 East Market Street, Warren, Ohio 44428. I **RELEASE** the clinic and/or Owner Paula Mangiarelli and staff from all liability and understand that I am participating in this wellness program at my own risk, performing all exercises independently.

I, _____ also understand that I **MUST ADHERE** to any/all rules or regulations expressed specifically regarding the wellness program. Examples: scheduling appointments online independently; wearing MASKS when/where mandated; NOT parking in the 2 designated handicapped spots as they are reserved for ACTIVE THERAPY patients; and most of all restricting my time in the clinic to the allotted hour given me (pool changing times limited to 10 minutes before and 10minutes after in order to keep the schedule working so all can be part of the program).

This program is a courtesy program that we offer as a thank you to our previous patients for choosing us for their therapy needs; however, it may be subject to change (as seen in 2020) at any time and with that in mind, I _____ understand that changes to the schedule availability may occur and my appts may be changed based on the therapy needs of the clinic. If this should occur, we will contact you via email or phone with the changes related to your schedule.

Payment for this program has not changed and is still \$30.00 a month, to be paid at the beginning of the month prior to exercising in the wellness program (unless other arrangements have been made with management). We accept all forms of payment for the wellness program: cash, checks, MC, Visa, and Disc for your convenience. Thank you for promptly paying your dues the first week of the upcoming month.

Thank you.
Mangiarelli Rehabilitation LLC and staff

PT Signature _____ cell/home phone# _____

Pd amt: _____ Tender: _____ Month: _____