



Project Walk Spinal Cord Injury Recovery Center Client Application

The information in this application is confidential and protected under the Privacy Act. The information is to be used solely by the staff of Project Walk® in determining program eligibility. If you have received this information in error, please destroy the documents or mail the originals to Project Walk, 2738 Loker Ave, Carlsbad, CA, 92010.

Please complete the application and send it along with your \$300 non-refundable* deposit via fax or email to:

- Fax: (760) 431-1598**

 Email: Applications@ProjectWalk.org

In an effort to provide the most safe and effective programs, we require all clients to complete this application. Information contained on this application will remain confidential. After your application is reviewed, our office will contact you by e-mail or phone. The completion of this application does not guarantee your participation in our program.

Client Information

Client Name: _____ Date: _____
 Address: _____ City: _____
 State/Province: _____ Postal Code: _____ Country/Region: _____
 Home Phone: _____ Cell Phone: _____
 Email (required): _____
 Primary Language: _____

Contact Information (if different from above)

Client Name: _____ Date: _____
 Address: _____ City: _____
 State/Province: _____ Postal Code: _____ Country/Region: _____
 Home Phone: _____ Cell Phone: _____
 Email (required): _____

Project Walk sends our client's billing invoices via email; please provide your billing email address above.

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Project Walk requires all clients to maintain a healthy weight. For the safety of our staff, all clients must meet average height to weight parameters.

Level of Spinal Cord Injury: _____ Complete or Incomplete Diagnosis: _____

Date of Injury: _____ Asia Level/Score: _____

How were you injured? _____

At what hospital were you treated? _____ City/State: _____

Treating Physician: _____ Date of Last Medication Examination: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone (home): _____ Phone (work): _____

*The non-refundable security deposit will be applied to your account once you start your program.

List any assistive devices you use in your everyday life, even if only at home (crutches, walker, wheelchair (manual or motorized), KFO, AFO, Abdominal Binder) _____

Describe your physical abilities including controlled movements, tone or spasms. Be as specific as possible:

Upper Extremity (Example of tone and spasm: fists clench, biceps spasm causing the elbow to bend or triceps spasm causing the elbow to lock): _____

Trunk: Can you maintain balance with sitting with no support? When you lie flat on your back do you get a strong contraction through your stomach that knocks the wind out of you? Does your lower back spasm and pull you down into a supine position from a sitting position? _____

Lower Extremity (Example: Your toes point or heels tap while seated in your chair (calf spasm), when you lie down flat on your back, your legs kick up (quadriceps spasm) or knees pull to your chest (hamstrings/hip flexors spasm)): _____

Please list any physical problems or special considerations (osteoporosis/osteopenia, knee instability, joint/muscle disorder, obesity, hypersensitivity, rods in back, other health issues): _____

Previous rehabilitation (if any): _____ Date Last Attended: _____
Results: _____

Have you had a recent bone density assessment? Yes No

If so, please attach a copy of the report with the doctor's interpretation.

Results: Normal _____ Other _____

NOTE: All clients over 6 months post injury must obtain a bone density assessment and are required to submit a copy of the bone density report with the doctor's interpretation before their first session at Project Walk. We do not interpret bone density reports. Clients must update bone density assessment annually.

Please list the type, dosage, frequency and function of all medications you are taking:

<u>Medication Type</u>	<u>Dosage mg/day:</u>	<u>Type (Function)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer **Yes** or **No** to the following. Indicate "**Yes**" for those that apply to you at present or have applied to you in the past:

History of Chest Pain: _____
History of heart disease or any other heart/valve disorder: _____
Any chronic illness or condition: _____
High Blood Pressure: _____ Low Blood Pressure: _____ Difficulty with physical exercise: _____
Osteoporosis: _____ Osteopenia: _____ History of Pathological Fracture: _____
Advice from your doctor to exercise: _____
Recent surgery (other than SCI in the last 12 months): _____
Pregnancy (now or within the last 3 months): _____
Breathing/Lung Problems: _____ Asthma: _____ Any other disease of the lungs: _____
Muscle, joint or back disorder, or any previous injury still affecting you: _____
Diabetes: _____ Thyroid Condition: _____ Cigarette Smoking: _____
If yes, how many packs per day? _____ High Cholesterol: _____ Obesity: _____
History of heart problems in the immediate family: _____
Hernia, or any condition that may be aggravated by intense exercise: _____
Do you currently have a stint? _____
Are you aware of any disease or disorder that would complicate your participation in an exercise program, other than the medical conditions you have checked above? _____
If yes, please explain: _____

Do you currently have a pressure sore? Yes No

If YES, you MUST obtain a doctor's clearance before you can participate in the program. If you currently do not have a pressure sore but one develops before your arrival at Project Walk you will need to see a doctor immediately and be cleared before you will be allowed start the program. Please read Project Walk's skin check policy on page 13 of this application for more information.

Has your physician approved your participation in an intense exercise program? Yes No

NOTE: This is required prior to your first session at Project Walk.

Are you accustomed to vigorous exercise? _____

Is there any reason not mentioned here why you should not follow a regular exercise program? If yes, please explain:

Please make any other comments you feel are pertinent to your exercise program: _____

I have completed this Application to the best of my knowledge in order to make known any diagnosed medical problems or characteristics that may increase the risk of health problems, signs or symptoms indicative of health problems and lifestyle behaviors related to positive or negative health, which will enable Project Walk to determine if medical clearance is needed before beginning an exercise program.

I understand that if necessary, Project Walk reserves the right to request medical clearance which may involve a bone scan and physician's evaluation and approval before beginning any exercise program, and has the right to deny my participation in the program if requests are not fulfilled.

I also understand that participating in the program at Project Walk while under the influence of any controlled substance (e.g. marijuana) is strictly prohibited.

Please print your name clearly: _____

Signature: _____ Date: _____

If under 18, name of parent or guardian: _____ Relationship: _____

Parent or guardian's signature: _____ Date: _____

Project Walk Program Options

Please review the programs below before selecting the one that best fits your needs.

Home-Based Program

We designed the Home-Based program for clients who can't relocate to Carlsbad or have a family member participate in our Family Track Program. It is designed to maintain the nervous system and through repetitions, improve it. While this is not the same as being at Project Walk working one-on-one with a certified Specialist on a regular basis, it does allow you to perform the repetitions necessary to improve.

Who Can Benefit?

Low T and L injuries have an easier time doing the Home-Based program because they have the most function and unlike higher injuries, do not need as much spotting.

Those with high T and C injuries can certainly benefit but will need more help. For most C injuries it will take two helpers. You must consider this fact when deciding about the future. Clients who have failed at the Home-Based program did so because of lack of help. Understand that with our program, clients get out of their wheelchairs and it is very demanding work on the helpers to move and work paralyzed legs. If you have a friend or family member who is willing to help please consider the Train Your Trainer /Therapist (TYT) Family Track Program. If you currently work with a personal trainer or physical therapist he/she would also be eligible to go through our TYT Professional Track program.

At the end of your Home Program, you will receive a DVD of the workout, a manual, and workout prescriptions designed specifically for you and your needs. The Home Program Manuals includes exercise guidelines for Active Nervous System Recruitment, Total Gym, Hands & Knees, Core Strength Training, and the Wall Routine. The exact exercises covered in the manual will vary depending on the level of injury.

The following is an estimate of the costs for a 5 Day Program:

Program:	Home Program
Hours:	3 hours per day (\$105 an hour)
Costs Hours:	\$1,575.00
Materials:	<u>\$ 500.00</u>
Total:	\$2,075.00

Train Your Trainer/Therapist - Family Track Program

Our most popular program teaches a family member or friend how to safely and effectively train their loved one at their home or gym. This program allows our clients to return home while getting the proper stimulation to regain function. We supply the family member or friend with the knowledge and skills necessary to effectively work an individual's paralyzed body through a personalized exercise program.

The program requires the family member who will be your trainer, to attend all of your workout sessions at Project Walk during your week visit. During this time, you and your trainer will be introduced to the Dardzinski Method™, your baseline evaluation, and the development of your individualized program while under the supervision of a Project Walk Certified SCI Recovery Specialist.

Prior to coming to Project Walk your family trainer must meet the following criteria:

- Read the SCI 101 study guide
- Read and understand the Project Walk Safety and Professionalism guidelines

Participants will receive the following items in addition to the hands-on training:

- Home Program Manual (ANSR, Total Gym, Hands & Knees, Core Strength, Wall Routine)
- Home Program DVD & Exercise Prescription
- SCI 101 Manual
- Project Walk Safety Manual & Professionalism Guidelines

The following is an estimate of the costs for a 5 Day Program:

Program:	Family Track
Hours:	5 hours per day (\$105 an hour)
Costs Hours:	\$2,625.00
Materials:	<u>\$1,000.00</u>
Total:	\$3,625.00

Train Your Trainer/Therapist - Professional Track

Project Walk has developed a certification program designed to teach therapists or certified personal trainers, how to safely and effectively train you at their home or gym. The TYT Professional Track is a part of this certification program and allows our clients to stay at home while getting the proper stimulation to regain function. We give the trainer or therapist the knowledge and skills necessary to effectively work an individual's paralyzed body through a personalized exercise program. During this weeklong program the trainer/therapist will take additional courses and be exposed to other levels of injury in order to obtain the first level of certification offered by Project Walk.

Trainers/Therapist must meet the following criteria in order to participate in the TYT Pro Track:

- Bachelor's degree in an exercise science/health concentration
- Licensed physical therapist
- Currently hold a training certification from one of the following agencies: ACSM, NSCA, NASM, or ACE.

Clients will receive the following items at the end of the TYT Pro-Track:

- Home Program Manual (ANSR, Total Gym, Hands & Knees, Core Strength, Wall Routine)
- Home Program DVD & Exercise Prescription

Participants will complete the following courses and be eligible for their CSRA certification:

- SCI 101
- Introduction to The Dardzinski Method
- Safety
- ANSR I
- Total Gym I
- Hands & Knees
- Client Evaluations
- Phases I – V
- Reducing Spasm and Tone without Medication

The following is an estimate of the costs for a 5 Day Program:

Program:	Pro-Track
Hours:	5 hours per day for the Client and 8 hours for trainer/therapist
Costs Hours:	\$2,625.00
Certification/Materials:	<u>\$2,200.00</u>
Total:	\$4,825.00

If you choose to participate in the TYT Professional Track, please have your trainer or therapist contact the Project Walk Institute to verify their credentials and complete our Certification Application.

Contact: Certification@ProjectWalk.org

Program Recommendations

All our programs are a minimum of 1 week in length; however, we may recommend you stay much longer depending on your level of injury, budget, and schedule. For our out-of-state clients an initial 2-3 week visit is on average and for our international clients, a 4-8 week stay is on average. The initial length of your stay will be determined by you and Client Services during the application process.

Sample Schedule for TYT Family Track:

- Let's say you selected the TYT Family Track Program, you are coming from out of state, and you schedule a 3 week visit
 - Week 1: You would be scheduled Mon-Fri for 2 hours each day
 - Week 2: You would be scheduled Mon-Fri for 2 hours each day
 - Week 3: This week would include your TYT Family Track Program. You would be scheduled for 5 hours per day this week. Two of those hours would include your normal workout with a Specialist. The remaining three hours would be devoted to your trainer receiving hands-on instruction under the supervision of an Instructor.

 - The cost for this type of schedule is approx. \$5,350.00

Sample Cost Breakdown:

Week 1: 2 hours per day at \$105 an hour equals \$210 per day x 5 days equals \$1,050 for the week

Week 2: Same \$1,050 for the week

Week 3: Family Track Program Cost \$3,625

Total for 3 weeks: \$5,725 US Dollars

Please select the program and date(s) you would like to have scheduled:

If you have any questions about which program is the best for you, please contact us at info@projectwalk.org.

Desired Program Type

- Home Program
- TYT Family Track Program
- TYT Pro Track Program
 - If you select this program please have your trainer or therapist contact the Project Walk Institute to verify their credentials and complete our Certification Application. Contact: Certification@ProjectWalk.org

Possible Start Date(s): _____

Desired number of weeks: 1 2 3 4 **More** _____

Project Walk Client Service Agreement

THIS SERVICE AGREEMENT (this "Agreement"), entered into this _____ day of _____, 20____, between Project Walk Spinal Cord Injury Recovery Center ("Project Walk" or "We"), and _____, (hereinafter referred to as "You" or "Client").

AGREEMENT

At Project Walk, every effort is made to accommodate all schedule changes for our clients. The capacity of our schedule dictates our waiting list, therefore last minute cancellations and constant requests to reschedule makes it difficult for us to accommodate all of our clients. The policy below helps us better serve everyone. Thank you for adhering to this policy.

1. Reservation Confirmation. To guarantee a visitation date, Project Walk requires an initial deposit of \$300 via credit card due at the time of the reservation confirmation. The balance of the total amount due for any visit must be submitted no later than two (2) weeks prior to the arrival date. Full payment must be received prior to the arrival date in order to hold that date on the schedule. If payment is not received, Project Walk will remove the client from the schedule and provide notification via email.
2. Visit Cancellations. All cancellations must be received with at least two (2) weeks' notice. If cancellation occurs less than two (2) weeks from the scheduled date, the entire deposit will be forfeited.
3. Initial Consultation. During your initial consultation, we will go over your paperwork and answer any questions you may have. Once on the floor, we will do an evaluation of your abilities and the remainder of your appointment working out.
4. Cost of the Program. Training rate is \$105.00 per hour. Cost is based on the number of hours you train per day, per week. Additional fees depend on the program you choose. Costs are subject to change without notice.
5. Payment Schedule for Permanent Clients. All rates are calculated on a monthly basis. Payment by cash, check, VISA or MasterCard is due on the first of each month. A \$50 late fee will apply if payment is not received by the 3rd day of each month. If payment is not received by the 5th day of the month, client understands he/she will be removed from the schedule. Client understands same schedule is not guaranteed once account is paid in full. A \$25 fee will be applied for returned checks. Except as otherwise provided herein, there are no refunds.
6. Third Party Billing. Please understand that clients are ultimately responsible for payment until third party coverage begins. We are unable to follow up with these organizations on your behalf. Additionally, clients will have to work directly with the organizations for any reimbursements to client accounts.

Insurance Coverage – Unfortunately at this time, most major health insurance carriers do not cover our program. If you have applied for coverage from an insurance company and have obtained approval, please forward the approval letter to our Billing Department as soon as possible. Since Project Walk is not a medical facility, please understand that we do not direct bill insurance companies. Clients will need to submit invoices directly to any third party either for reimbursement or to request payment to Project Walk. Payments must be received by the due date, or the late fee will be applied.

National Transplant Assistance Fund (NTAF) – Clients who have an account with NTAF are responsible for mailing check requests accompanied by the monthly invoice. Please contact NTAF for their policies and procedures: (800) 642-8399.

Other Foundations, Funds, Trusts – If payment will be made by a foundation, fund or trust, clients will need to submit invoices to the applicable party allowing enough time so that Project Walk will receive payment by the due date.

7. Waiver/Indemnification. Client acknowledges that any activities client participates in can be an extreme test of client physical and mental limits and carry the potential for severe physical injury. Client hereby assumes the risks

of participating in any and all of Project Walk activities and functions. Client certifies that client is able to participate in the Project Walk program and has not been advised otherwise by a qualified medical person. Client understands that the information and treatments obtained by participating in Project Walk do not constitute medical treatment, diagnosis or advice. Client understands that client should seek the advice of a physician or other qualified health provider if client has questions about a medical condition. Client understands that a bone density scan is required to enter Project Walk and client agrees and acknowledges that client will have taken such bone density test and shared the results of such test with Project Walk before beginning with Project Walk. Client certifies that in consideration of becoming a client of the program, client hereby takes the following action for itself, its executors, administrators, heirs, next of kin, successors and assigns:

Client waives, releases and discharges from any and all claims or liabilities for any loss, damage, theft or injury of any kind which arise out of or related to its participation in, or its traveling to and from the Project Walk center; including, but not limited to, 1) any known and unknown, foreseen and unforeseen bodily and personal injury, 2) loss of life, and 3) any attorney's fees, costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from its participation in Project Walk, even if due to the negligence of Project Walk or any employee, volunteer, director, officer, client, owner or agent thereof.

Client will indemnify and hold harmless Project Walk and any and all employees, volunteers, directors, officers, clients, owners and agents thereof, certification program participants, provider trainers, and students of the Project Walk Institute, from any claim, demand and/or cause of action of any nature whatsoever, related to client's participation in Project Walk, even if due to the negligence of Project Walk, including, but not limited to any and all losses, liabilities, damages, costs and expenses (including reasonable attorney fees) arising out of such actions.

Client will indemnify and hold harmless Project Walk any and all employees, volunteers, directors, clients, owners and agents thereof from any claim, demand and/or cause of action of any nature whatsoever, related to Client's participation with off duty Project Walk employees, volunteers, directors, officers, clients, owners and agents (the individuals) in any and all personal activities not related to the individuals' function as representatives of Project Walk.

8. Termination of Services. Project Walk reserves the right to terminate the service relationship with clients at any time, for any reason, with or without cause or notice and with no further liability to client. No oral or written statement shall limit the right to terminate the service relationship.

9. Consent to Use of Materials. By signing this Agreement and joining Project Walk, you give Project Walk a perpetual, worldwide, royalty-free, sublicenseable, assignable license to use your name, voice, visual likeness, photographs and film of you (collectively, the "Materials") to use, adapt, modify, reproduce, distribute, publicly perform and display, in brochures, advertisements, commercials, on the Project Walk website and in any form now known or later developed throughout the world. Client understands and agrees that Project Walk shall be the exclusive owner of all title and interest, including copyright, in any and all works containing the Materials.

10. Family Observation. Project Walk allows family members and caregivers to be present during the client's workouts. If a client wishes for someone else (friend, trainer, film crew, healthcare professional) to be present during his/her workout, it must be cleared with the Client Services Manager prior to the workout. Project Walk maintains the right to dismiss a client or those observing if they feel it is not in the best interest of Project Walk or the client.

11. Authorization. Client understands that client is personally responsible to pay all charges for services rendered to it and agrees to make payment thereof when due. Any billing sent by Project Walk to an insurance company, attorney, or other third party is for the accommodation of the client and does not relieve the undersigned to pay charges for the services provided. Client authorizes any holder of medical information about it to release to its insurance carrier and its agents any information needed to determine these benefits. Client authorizes payment for these services to be paid directly to Project Walk.

12. Medication Information Update. In order for us to best serve you, all clients are required to immediately notify Project Walk of any changes in current medical condition. Such conditions include but are not limited to blood clots, pressure sores, recent fall, any skin issues, recent bone fractures and sprains as well as any change in prescribed medications. Depending on condition, written medical clearance may be required before reentering the program. Client will indemnify and hold harmless Project Walk and all employees, volunteers, directors, officers, clients, and agents thereof from any claim, demand and/or cause of action of any nature whatsoever related to any injuries sustained as a result of undisclosed medical conditions or changes in prescribed medications.

Initial: _____

Client hereby confirms that he/she is 18 years of age or older, he/she has read this document and understand its contents. If under 18, a parent or guardian must sign. Client acknowledges that he/she has read, understands, and agrees to the terms and conditions of this Agreement.

Client Printed Name:

Project Walk Printed Name

Client Signature

(If under 18, signature of parent or guardian is required)

Project Walk Signature

Date

Date

Project Walk
Release of Liability, Assumption of Risk and Indemnity Agreement for
Clients with Diagnosed or Undiagnosed Osteoporosis or Osteopenia

Participant's Name (Last, First): _____

I understand that osteoporosis is a disease in which bones become fragile and more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine and wrist. Any bone can be affected, but of special concern are fractures of the hip and spine. A hip fracture almost always requires hospitalization and major surgery. It can impair a person's ability to walk unassisted and may cause prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious consequences including, but not limited to, loss of height, severe back pain and deformity.

By reading and signing this document, I acknowledge that I am at risk for or have osteoporosis or osteopenia (low bone density) and I understand I am at high risk for fractures. I also understand that the Project Walk program requires strenuous physical activity and/or intense exercise in which there are potentially serious risks and dangers including, but not limited to, fractures, disability or even death as described above.

In light of the above information, I, the undersigned participant, am requesting voluntary participation in the Project Walk program. I have obtained appropriate medical insurance that will provide for medical treatment in case of accident, illness or injury for the duration of the program. Furthermore, I will use my personal medical insurance as a primary medical coverage payment if accident or injury occurs

Release of Liability, Assumption of Risk, and Indemnity Agreement

RELEASE: In consideration for being permitted to participate in the program for spinal cord-injured clients at Project Walk that I have enrolled in with a current diagnosis of osteoporosis or osteopenia, I do hereby release and hold harmless, forever discharge and covenant not to sue Project Walk directors, officers, staff, employees and/or the agents of each of them, from and against any and all liabilities, claims and causes of action including, but not limited to, negligence, by reason of any personal injury, accident, illness, death or property loss or any other consequence resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a participant in the Project Walk program.

ASSUMPTION OF RISK: Participation in the Project Walk program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as bone fractures, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including further paralysis and death.

INDEMNIFICATION: I also agree to indemnify Project Walk, Inc. and any and all employees, volunteers, directors, officers, clients, owners and agents thereof, certification program participants, provider trainers, and students of the Project Walk Institute, in connection with any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, brought as a result of my involvement in the Project Walk program and to reimburse them for any such expenses incurred.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Project Walk program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks and enter into this release, assumption of risk and indemnity agreement voluntarily. I further understand and agree that this agreement shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

SEVERABILITY: The undersigned further expressly agrees that the foregoing release, assumption of risk and indemnity agreements are intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGMENT OF UNDERSTANDING: I have read this release of liability, assumption of risk, and indemnity agreement, I fully understand its terms, and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Client Signature
(If under 18, signature of parent or guardian is required)

Date

Project Walk Signature

Date

Project Walk Billing Information

Billing Information – If different from client information

Name: _____ Date: _____
Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country/Region: _____
Home Phone: _____ Cell Phone: _____
Email (required): _____

Project Walk sends billing invoices via email; please provide your billing email address above.

- Option 1: Pay by Check: **Please make check payable to:** Project Walk Spinal Cord Injury Recovery
Print in memo section of check: Client's name
- Send check to:** Project Walk Spinal Cord Injury Recovery Center, Inc.
2738 Loker Avenue W., Carlsbad, CA 92010
- Option 2: Pay by Credit Card: **Project Walk accepts Visa and MasterCard only**
- Option 3: Payments will be made through a third party organization such as NTAF, Foundation, or grant.

If you would like to pay by credit card or have any questions about billing and payments please contact Project Walk at (760) 431-9789.

Project Walk Skin Check Policy

Attention Clients:

For obvious reasons, proactive, preventative skin checks should be a daily priority. It is your responsibility to check your skin every day, especially after a workout. It is also your responsibility to inform your Specialist immediately if you have a blister or skin breakdown that could potentially become a problem. This will allow your training team to design and implement a modified workout plan until your skin heals.

If your team is unaware of your skin problem, your workouts will continue as scheduled and your minor skin issue may eventually become a full blown pressure sore. If this occurs, it will keep you out of this program and slow your recovery. Please understand the severity of this issue as some of our clients have had to undergo surgery for pressure sores and have taken up to a year to heal.

It is extremely important to us that you know your responsibility as a client. We are here to help you but we must work as a team if we are to be successful. If you have any questions or concerns, please let us know.

I have read the above and understand that it is my responsibility to notify my Specialist immediately if I notice any skin breakdowns.

Client Printed Name

Signature

Date

Project Walk Printed Name

Project Walk Signature

Date

How did you hear about Project Walk?

- Referred by Doctor, Who? _____
Which Hospital? _____
- Referred by Nurse, Who? _____
Which Hospital? _____
- Referred by Physical Therapist, Who? _____
- Online Search
Which search engine? _____
- Chat Room (IE: Care Cure)
Which Chat Room _____
- Referred by Project Walk Staff, Who? _____
- Referred by Project Walk client, Who? _____
 - Did a Project Walk client visit you in the hospital? _____
 - Did a Project Walk client email you? _____
 - Did a Project Walk client call you? _____
- Referred by Project Walk certified trainer, Who? _____
- SCI Foundation
Which Organization _____
- SCI Association _____
- Other: _____

Project Walk Train Your Therapist/Trainer Family Track Application

In an effort to provide the most safe and effective programs, we require all TYT Family Track Program participants to complete this application. This application will assist us in preparing for both the client and family trainer. Information contained on this application will remain confidential. Please note that along with the application the client must complete the standard application form as well.

Fax: (760) 431-1598

Email: Applications@ProjectWalk.org

In an effort to provide the most safe and effective programs, we require all clients to complete this application. Information contained on this application will remain confidential. After your application is reviewed, our office will contact you by e-mail or phone. The completion of this application does not guarantee your participation in our program.

Family Trainer Information

Family Trainer Name: _____ Date: _____
Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country/Region: _____
Home Phone: _____ Cell Phone: _____
Email (required): _____
Primary Language: _____
Client Name: _____

In case of emergency, please notify:

Name: _____ Relationship: _____
Phone (home): _____ Phone (work): _____

Family Trainer Background Information

Explain any experience or education you may have in the health or exercise related field.

Notes: (i.e. goals/focus of visit)

Project Walk TYT Family Track Confidentiality Agreement

In consideration of my participation in the Family Track Program, I hereby agree as follows:

1. OWNERSHIP OF INTELLECTUAL PROPERTY

Ownership: No title to or ownership of the MARKS or of any software or proprietary technology or intellectual property is transferred to you. PROJECT WALK owns and retains all title and ownership of all intellectual property rights in its services. PROJECT WALK does not transfer any portion of such title and ownership, or any of the associated goodwill to you, and this Agreement should not be construed to grant you any right or license, whether by implication, estoppel, or otherwise, except as expressly provided. You agree to be bound by and observe the proprietary nature of the products acquired by reason of your Family Track Program under this Agreement.

2. CONFIDENTIALITY

You agree that to the extent PROJECT WALK previously disclosed or currently or subsequently discloses to you, or you learn from PROJECT WALK, information relating to PROJECT WALK'S services or sensitive aspects of PROJECT WALK'S business (including without limitation, know-how, customer lists or forecasts), such information shall be deemed the confidential property of PROJECT WALK ("Proprietary Information"). You recognize and acknowledge that PROJECT WALK'S Proprietary Information (and the confidential nature thereof) is critical to PROJECT WALK'S business and that PROJECT WALK would not enter into this Agreement without assurance that its Proprietary Information and the value thereof will be protected as provided in this Section and elsewhere in this Agreement. Specifically you agree that you will keep PROJECT WALK'S training techniques and method confidential and will not disclose PROJECT WALK'S training techniques or method to others including but without limitation, training others. You agree (i) to hold PROJECT WALK'S Proprietary Information in confidence as a fiduciary and to take all reasonable precautions to protect such Proprietary Information, (ii) not to use such Proprietary Information at any time during or following the term of this Agreement, except as contemplated by this Agreement, and (iii) not to disclose, publish, reproduce or transmit any Proprietary Information to any third party, in any form, including without limitation, verbal, written, electronic or any other means for any purpose.

3. CHANGES TO PROGRAM

PROJECT WALK reserves the right to change the Family Track Program, without cause or notice, including, but not limited to, the requirements, and testing.

4. DISCLAIMER

PROJECT WALK assumes no liability whatsoever for the acts, intentional, negligent or otherwise, of persons participating in this program. Furthermore, by instituting the program, PROJECT WALK neither makes any offer of employment, nor any guarantee regarding the employment or compensation of any person under the program. This program does not provide any express or implied authorization for you to teach others about SCI techniques or any other information or skill.

5. INDEMNIFICATION

You agree to indemnify and hold PROJECT WALK harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against PROJECT WALK by reason of your performance or non-performance under this Agreement. If PROJECT WALK seeks indemnification under this Section, PROJECT WALK will immediately notify you in writing of any claim or proceeding brought against it for which it seeks indemnification under this Agreement. In no event may you enter into any third party agreements which would in any manner whatsoever affect the rights of, or bind, PROJECT WALK in any manner.

6. LIMITATION OF LIABILITY

In no event shall PROJECT WALK or its suppliers, vendors or contractors, be liable for any loss of use, interruption of business, lost profits, or indirect, special, incidental, or consequential damages of any kind regardless of the form of action, whether in contract, tort (including negligence), strict liability, or otherwise, even if PROJECT WALK or its suppliers, vendors or contractors have been advised of the possibility of such damages. This limitation shall apply notwithstanding any failure of essential purpose of any remedy provided herein.

7. MISCELLANEOUS

Independent Contractors: You acknowledge that you and PROJECT WALK are independent contractors and agree that you will not represent yourself as an agent or legal representative of PROJECT WALK.

Governing Law: This agreement will be governed by and construed according to the laws of the State of California.

Entire Agreement: This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes and replaces all prior and contemporaneous understandings or agreements, written or oral, regarding such subject matter.

Legal and Equitable Remedies: As a Family Track Program participant you may have access to and become acquainted with Proprietary Information of PROJECT WALK; PROJECT WALK shall have the right to enforce this agreement and any of its provisions by injunction, specific performance or other equitable relief without bond, without prejudice to any other rights and remedies that PROJECT WALK may have for breach of the agreement.

TYT Family Trainer Signature

Project Walk Signature

Print Name

Print Name

Date

Date