Welcome to the PEAK Center!

CRAIG | UNYIELDING DETERMINATION. EMPOWERING LIVES.

Our Mission: *The PEAK Center offers specialized health and wellness programs focused on enriching the quality of life for those affected by neurological conditions. With knowledge and passion, we inspire our community to live healthier lives through unique, innovative, and traditional wellness strategies.*

The PEAK Center at Craig Hospital is a fee-for-service program and payment is expected at the time services are rendered. The PEAK Center does not provide medical billing codes for any of the services listed below.

PEAK clients and general gym members are required to either be independent with bowel, bladder, and respiratory management or have trained family/caregivers with them during their sessions to address any issues that arise with bowel, bladder, or respiratory management.

Services/ Pricing: *Please mark the service(s) that you are interested in.*

- ☐ **Initial Evaluation (for personal training):** $125
  This includes a 50-minute evaluation by a physical therapist to assess your current abilities and eligibility to utilize technologies in the PEAK wellness center and create a customized training plan for future personal training sessions
- ☐ **Personal Training**: $92/ 50-minute session
  This includes 1-on-1 specialized personal training focused on individualized goals using specific and appropriate technologies and techniques
  *Package options available, see pricing sheet for more information
- ☐ **Nutrition Counseling:** $92/50-minute session
  This includes 1-on-1 specialized nutrition education taking into account your medical history, diagnosis, and needs
- ☐ **General Gym Membership**: $55/month, $275/6-month, $525/12-month
  This includes access to the weight and cardio equipment available to use on your own or with a caregiver. *Scholarship available through the Craig Foundation for those who qualify. See separate scholarship application for more information.
- ☐ **Lower Extremity FES Bike**: $30/ride or $180/12-pack (expires after 30 days)
  This provides access to an electrical stimulation facilitated leg bike.
- ☐ **Group Classes**: $20/class, or $85/5-pack
  Class options range from yoga, to cardio, to strengthening. Call, visit our website, or stop by the PEAK center for more information about specific classes.
- ☐ **Stretching**: $50/ 30-minute session
  This includes a 30-minute stretch. Please specify which area of the body you would like to prioritize when scheduling.

*General Gym scholarship applications are available for those who qualify, financially. If accepted, this covers the general gym membership **only**, and does **not** cover personal training, nutrition counseling, FES bikes, group classes, stretching sessions or electrode charges.

Contact Information:
Craig Hospital
Attention: PEAK Center
3425 S. Clarkson St. Englewood, CO 80113
Email: peakcenter@craighospital.org
Telephone: 303-789-8325

General Information

Please complete all fields (General gym, FES bikes, Personal training):

First Name:	Last Name:	Nickname/Preferred Name:
Date of Birth:		Age:
Today's Date:	Male: ☐ Female: ☐ Nonbinary: ☐	Marital Status:

Street Address/P.O Box:		
City/State:		Zip Code:
E-mail Address:		
Primary Phone Number: ☐ Home ☐ Cell	Secondary Phone Number: ☐ Home ☐ Cell	Do you want to sign up for text message appointment reminders? ☐ Yes ☐ No
Emergency contact: Phone Number: Relation to client/member:		
Are you a Craig Hospital graduate? If so, when?		

Diagnosis/Injury:	Cause of injury/Onset:	Date of Injury/Onset:
Secondary Diagnoses (if applicable):	Was this a work-related injury? ☐ Yes ☐ No	
If spinal cord injury: level of injury and/or ASIA level:		
Do you have a need for any adaptive communication strategies? If so, what are they?		
Method of Mobility: ☐ Power Wheelchair ☐ Manual Wheelchair ☐ Ambulatory ☐ Both		
Do you need assistance with transfers? If so, how much?	If ambulatory, please list assistive walking device(s): Is a spotter required for safety?	
Grip strength: ☐ Full ☐ Need Adaptive gloves		

PEAK Center at Craig Hospital
General Policies and Waiver and Release Form

General

For some individuals who are not accustomed to regular exercise, there can be an increased risk of an adverse physical effect resulting from a major increase in physical activity. In order to minimize this risk please observe the following:

1. Any individual desiring to use the PEAK Center, or participate in any of its programs must complete a health history and provide documentation of medical clearance as requested.
2. If you suffer from any chronic health problems or have a history of any serious medical conditions, you should seek a physician's advice before undertaking an exercise program.
3. Even if you are now, or have been in good health it is recommended by many medical authorities that if you have not been bearing weight through your legs for greater than 1 year, you should not participate in any upright standing activities until you receive medical clearance.

Weight and Exercise Equipment

The use of weight and exercise equipment can be very effective in improving overall physical fitness. However, if used improperly injury can result. PEAK Center members will be instructed in the use of specific exercise equipment that is appropriate for them by qualified staff. PEAK members are not permitted to use equipment that they are not oriented to by PEAK Center staff.

Exercise Classes

PEAK offers both in-person and online exercise classes. All in-person exercise classes are structured and instructors are provided for your assistance. However, because the classes are open to all ability levels, and the instructors are not always able to provide individual attention, it is **YOUR RESPONSIBILITY** to monitor your physical activity and skin during the exercise class.

All online exercise classes are offered through livestream where you can watch and follow along at home. Individualized instruction or attention is not possible during online exercise classes and it is **YOUR RESPONSIBILITY** to monitor your physical activity and skin during the online exercise class.

PEAK Center instructors are degreed professionals with additional specialty certifications.

Terms

MEMBERSHIP FEES, PERSONAL TRAINING FEES, GROUP CLASS FEES, and FES BIKE FEES ARE NON-REFUNDABLE. See the cancellation policy for more information about cancellation fees, types and rules.

Behavior Commitment

❑ I understand that everyone including me are accountable for a safe and respectful environment.
❑ I will cooperate with members of the PEAK gym community and Craig Staff and not engage in disrespectful, offensive, or aggressive behavior.
❑ I understand that if I engage in aggressive or disrespectful behavior, the PEAK Center reserves the right to term membership and services.

Waiver and Release

I have read and understand the above policies and agree to adhere to all rules and regulations established by the PEAK Center. I take full and complete responsibility for the condition of my physical health, and to the best of my knowledge I am in good health and can safely participate in the fitness facilities and programs of my choosing as offered by the PEAK Center. I understand that the PEAK Center does not and is not providing medical care or rehabilitation care. I also understand that there are risks of injury inherent in participating in the use of the PEAK Center facilities and its programs. In using the PEAK Center or in joining an online exercise class, I understand that I am doing so at my own risk with full knowledge of the risks involved which include injury and the alternatives which include nonparticipation.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and can spread from person to-person contact.

I acknowledge the contagious nature of COVID-19 and other infectious diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 or other infectious diseases by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 or other infectious diseases at PEAK may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PEAK's employees, volunteers, and program participants and their families.

I expressly and unconditionally waive any claims and release the PEAK Center, Craig Hospital, and each of their respective staff, employees, and instructors from any legal liability for any claims, demands or actions, or causes of action whatsoever (including negligence and premises liability claims) caused by or arising out of the activities or operations of the PEAK CENTER, my use of the PEAK Center's equipment, or my participation in any of the PEAK Center's programs. In the event of a claim or lawsuit in which I am involved involving the PEAK Center or Craig Hospital, I agree to indemnify and hold harmless the PEAK Center, Craig Hospital, and each of their respective staff, employees, and instructors for any personal injury, illness, loss, cost, damage and expense I might incur as a result of negligence, accident or other occurrence during the use of the PEAK Center, any of its facilities, equipment, or participation in its programs. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PEAK, its employees, agents, and representatives, whether a COVID-19 infection or other infectious disease occurs before, during, or after participation at PEAK.

Client Name (please print) _____

Client Signature _____ Date _____

Please complete fields below if interested in Personal Training

Are you currently in an outpatient PT/OT/Speech program: ☐ Yes ☐ No
If so, what is the name of the facility:
What are your goals for personal training at the PEAK?

Do you have or have you ever had any of the following? (Check all that apply)

☐ Abnormal Chest X-Ray	☐ Emphysema	☐ Low Blood Pressure	☐ Bronchitis
☐ Abnormal ECG	☐ Epilepsy	☐ Lung Disease	☐ Pneumonia
☐ Anemia	☐ Excessive Bleeding	☐ Multiple Sclerosis	☐ Short of Breath
☐ Angina or Chest pain	☐ Excessive Bruising	☐ Muscle Spasms	☐ Sickle Cell Anemia
☐ Aids/HIV	☐ Fibromyalgia	☐ Nervous/Emotional	☐ Pacemaker
☐ Arthritis	☐ Frequent Headaches	☐ Stroke	☐ SCI
☐ Asthma	☐ Guillain Barre Syndrome	☐ Paralysis	☐ Cancer
☐ Autonomic Dysreflexia	☐ Heart Attack	☐ Phlebitis	☐ Seizure Disorder
☐ Back Pain	☐ Heart Disease	☐ Post-Polio Syndrome	☐ TBI/ABI
☐ Swollen Ankles/Legs	☐ Heart Murmur	☐ Obesity	☐ Tuberculosis
☐ Cardiac Catheterization	☐ Transverse Myelitis	☐ Pregnant	☐ Pulmonary
☐ Coronary Bypass	☐ High Blood Pressure	☐ Impaired Memory	☐ Broken Bones
☐ Diabetes	☐ High Cholesterol	☐ Impaired Hearing	☐ Heterotopic Ossification
☐ Dizzy/Fainting Spells	☐ Osteoporosis	☐ Impaired Vision	

Comments on any of the above, or please explain any medical problems not listed:

Date you were last standing: ☐ Standing on Own _____years ☐ Standing Frame _____years	
List any medications or drugs you currently are taking:	
Current height and weight:	
Name of Physician(s):	
Physician's Phone:	Physician's fax:

The PEAK Center at Craig Hospital
Medical Clearance Form

NOTE: FOR PHYSICIAN USE ONLY

Patient Name: _____ DOB:_____

The patient named above is cleared to participate in the PEAK Center adaptive health and wellness program at least 3-5 days a week. PEAK Center participation could include weight-bearing, strengthening, electrical stimulation and pool activities. Risks associated with osteoporosis, blood clots or skin breakdown should be considered.

Please list any physical limits/exclusions: (ex: weight bearing restrictions, weight lifting restrictions, hardware/bracing restrictions, etc)

_____

_____

_____

_____

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____

The PEAK Center at Craig Hospital
Cancellation/Tardiness/Scheduling Policies

We take great pride in the services we provide to our members at The PEAK Center. While some cancellations are inevitable and out of your control, cancellations made outside of this cancellation policy limit our ability to provide optimal service to all of our members.

Cancellation policy:

- **We require notification of a cancellation before NOON the day BEFORE your appointment in order for the cancellation to be documented as no charge. Cancellations received *any later than noon the day before your appointment* will fall under either the limited emergency excuse cancellations or will be charged in full.**
- **Please call the PEAK Center at 303-789-8325 or email peakcenter@craighospital.org with your cancellation notification.**
- **Exceptions will be made in the case of an emergency or inclement weather.**
- **Each calendar year, each member is allowed 3 emergency excuse cancellations for each service (personal training, FES bikes and group classes) they participate in. These emergency excuses will be used for cancellations received AFTER noon the day before your appointment, or for same day cancellations *within your control*.**
- **After the member has exhausted all emergency excuses (3), the member will be charged the full session rate for any misses *for the remainder of the calendar year*.**
- **Any appointments cancelled at the same time will count as one event in regards to free cancellations and charged cancellations.**

Tardiness policy:

- ***Please do your best to let our team know if you are going to be late for an appointment.***
- **If you arrive late for a session, you are entitled to train for the remaining time left in that session. If you were scheduled to get on a piece of equipment and arrive late, *our team reserves the right to decide whether there is enough time to get you onto that piece of equipment* with the time left if your session (including FES bikes).**

Scheduling/Refund policy:

- **Once you purchase personal training sessions, FES bike packages or group class packages no refunds will be provided for those services.**

No call/No Show policy:

- **If a member is scheduled for regular appointments at the PEAK center and no call/no shows 3 times in a row, the member will be notified and taken off the schedule for all future appointments. The member will need to call the PEAK center to schedule further appointments.**

Reschedule Policy:

- **We allow you to reschedule an appointment 1 time, *within the same week,* at no charge. Any reschedule of that same appointment after that first time will result in an emergency excuse being used or late cancel fee to be applied.**

I have read and understand the above Cancellation/Tardiness/Scheduling Policy. As an active member at The PEAK center, I will adhere to this policy and will be financially responsible for any fees incurred as a result of this policy.

_____ _____

Client Signature & Date Client Name