



### **CONTRACT TO PARTICIPATE for 2026**

OTM, LLC agrees to provide one or more of the following services to (client name), \_\_\_\_\_, subject to terms and conditions described below:

**1. Exercise therapy/personal training services** - All new clients must obtain medical clearance from their primary healthcare provider. All new clients must agree to a 90-minute initial consultation with OTM, LLC. Following the initial consultation, OTM, LLC will develop a customized program based on the results of the initial consultation. This comprehensive package is \$285.00. Initial consultation will be in-person unless otherwise determined. New clients must also agree to three (3) sessions with OTM, LLC after the initial consultation and program development are completed. These 55-minute individual exercise therapy/personal training sessions are \$115.00 each.

Payment for the initial consultation and the three (3) subsequent sessions is due at the initial consultation, in total \$630.

Subsequent individual exercise therapy/personal training sessions are \$115.00 and partner training sessions (two persons) are \$160.00. These sessions may be virtual or in-person. All exercise therapy sessions are 55-minutes.

Sessions that exceed the scheduled time allotment will be pro-rated.

I acknowledge that OTM, LLC provides an array of exercise and health-related education services. I understand that as an exercise therapist/personal trainer, OTM, LLC does not diagnose, cure, or treat any illness, disease or musculoskeletal problem. I recognize that the role of OTM, LLC is to educate me, and that I should consult with my primary care doctor or medical professional for medical advice and/or diagnosis. Further, the undersigned releases OTM, LLC from all liability for any failure to identify any medical condition or disease.

I (client name), \_\_\_\_\_, understand and agree to these terms, and will participate in exercise therapy/personal training instruction \_\_\_\_ day(s) each week at the fee structure noted above.

**2. Integrative Health Practitioner Services**- All new clients seeking to secure OTM, LLC's integrative health services must agree to an initial 60-minute consultation and three (3) subsequent sessions. OTM, LLC's integrative health services are provided by a certified Integrative Health Practitioner and High Performance Health Coach through the Integrative Health Practitioner Institute. Integrative health coaching is holistic in scope and examines the interrelationship of diet bio-individualization, exercise, stress, toxicity levels, rest, emotional balance, supplementation, and success mindset, trademarked by Dr. Stephen Cabral as the DESTRESS Protocol.

The 60-minute initial consultation is \$285 and can be conducted virtually or in-person. Following the initial consultation, OTM, LLC will study the client's bio-individualized needs, concerns, and goals, and then offer holistic health-focused education to the client during the three (3) subsequent sessions.

Sessions for integrative services are \$165.00 and are 45-minutes.

Payment for the initial consultation and the three (3) subsequent sessions is due at the initial consultation, in total \$780.

Subsequent sessions for integrative health coaching services are available for \$165.00 for 45-minutes.

Sessions that exceed the scheduled time allotment will be pro-rated.

I acknowledge that OTM, LLC provides an array exercise and health-related education services. I understand that an integrative health practitioner OTM, LLC does not diagnose, cure, or treat any illness or disease. I recognize that the role of OTM, LLC is to educate me, and that I should consult with my primary care doctor or medical professional for medical advice and/or diagnosis.



(703) 863-1898



onthemoveforwellness@gmail.com

510 S Abingdon Street, Arlington, VA 22204

onthemoveforwellness.com





Further, the undersigned releases OTM, LLC from all liability for any failure to identify any medical condition or disease. It is understood and agreed that this is not the purpose of OTM, LLC's natural health services.

I (client name), \_\_\_\_\_, understand and agree to these terms, and will commit to IHP services \_\_\_\_ day(s) each week or \_\_\_\_ day(s) each month at the fee structure noted above.

**3. Health and wellness-related services** - OTM, LLC offers other **health and wellness-related services** including, research, consultancy, medical advocacy, and case management at a rate of \$165.00 for 45-minutes.

Sessions that exceed the scheduled time allotment will be pro-rated.

I acknowledge that OTM, LLC provides an array of exercise and health-related education services. I understand that as a researcher, consultant, medical advocate and/or case manager, OTM, LLC does not diagnose, cure, or treat any illness, disease or musculoskeletal problem. I recognize that the role of OTM, LLC is to educate me, and that I should consult with my primary care doctor or medical professional for medical advice and/or diagnosis. Further, the undersigned releases OTM, LLC from all liability for any failure to identify any medical condition or disease.

I (client name), \_\_\_\_\_, understand and agree to these terms, and will commit to IHP services \_\_\_\_ day(s) each week or \_\_\_\_ day(s) each month at the fee structure noted above.

**4. Small group exercise instruction.** OTM, LLC offers 55-minute classes as a 4-week session for \$100.00. Weeks are not always consecutive. Client must sign up for entire four weeks. No discounts or credits for missed classes. If space permits, drop-ins are welcome and cost \$27.00/class.

I acknowledge that OTM, LLC provides an array of exercise and health-related education services. I understand that as an exercise therapist and fitness instructor, OTM, LLC does not diagnose, cure, or treat any illness, disease or musculoskeletal problem. I recognize that the role of OTM, LLC is to educate me, and that I should consult with my primary care doctor or medical professional for medical advice and/or diagnosis. Further, the undersigned releases OTM, LLC from all liability for any failure to identify any medical condition or disease.

I (client name), \_\_\_\_\_, understand and agree to these terms, and will commit to small group classes \_\_\_\_ day(s) each week or \_\_\_\_ day(s) each month at the fee structure noted above.

**5. Refer-A-Friend Program(s):** OTM, LLC offers existing clients one free session (of equal or lesser value based on your current service) for referring a friend who signs up for the exercise therapy/personal training package or the integrative health services package. OTM, LLC offers existing clients a one-time 50% discount on one session (of equal or lesser value based on your current service) for anyone who refers a friend for a health and wellness-related consultation. OTM, LLC offers a one-time 25% discount to existing clients on either: 1) a 4-week class session or 2) one personal training session to anyone who refers a friend for the small group exercise instruction. OTM, LLC offers a one-time \$30 credit to be applied toward any service for anyone who refers a friend to any class that OTM, LLC instructs at other facilities.

**6. Cancellation Policy:** OTM, LLC must be notified at least 24 hours in advance of scheduled session if client needs to cancel, unless there is an emergency. If OTM, LLC is not notified at least 24 hours prior to the scheduled session, client will be responsible for payment in full.





7. **Payment:** Payment is due to OTM, LLC upon receipt of service. Advance payments may also be made. Payment should be in the form of check (made payable to OTM, LLC or On The Move) or electronic payment via Venmo. If client is late for scheduled appointment time, the session will not be extended or pro-rated.

8. **Travel:** Fees listed above do not reflect travel time to client. If client requires OTM, LLC to travel to home or other destination, this cost will be determined after first visit to client and is pro-rated based on the session rate.

The terms of this contract are subject to change if OTM, LLC or the client suffers from serious illness, or other circumstances beyond control of either party.

I certify that by affixing my signature on this contract, I have authority and capacity to execute it and bind myself, to the terms above.

Client Name (print): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



(703) 863-1898



onthemoveforwellness@gmail.com

510 S Abingdon Street, Arlington, VA 22204

onthemoveforwellness.com





**WAIVER OF LIABILITY**

I, (client name) \_\_\_\_\_, have voluntarily enrolled in one or more of the following services offered by OTM, LLC: exercise therapy/personal training, integrative health practitioner education/coaching, small group exercise classes, or medical advocacy/research/consultancy/case management.

I, (client name) \_\_\_\_\_, acknowledge that if I suffer from chronic conditions or diseases (including but not limited to obesity, heart disease, high cholesterol, hypertension, diabetes, any organs' disease(s), alcoholism, depression, arthritis, cancer, osteoporosis, asthma, Alzheimer's/dementia, HIV/AIDS, mental health disorders), that I will apprise my primary medical provider of my commencement of my exercise program with OTM, LLC and not hold OTM, LLC liable for any issues related thereto these conditions.

In consideration of my participation in one of more of OTM, LLC's aforementioned services, I, (client name) \_\_\_\_\_, hereby release OTM, LLC from any claims, demands, and causes of action arising from my participation in any of the following: exercise therapy/personal training, integrative health practitioner education/coaching, small group exercise classes, or medical advocacy/research/consultancy/case management.

I, (client name) \_\_\_\_\_, fully understand that I may injure myself as a result of my participation in exercise therapy/personal training, integrative health practitioner education/coaching, or small group exercise classes. I hereby release OTM, LLC from any liability now or in the future including, but not limited to heart attacks, muscle strains, pulls, or tears, broken bones, shin splints, heat exhaustion, injuries to the knee, lower back, foot, and any other illness, soreness or injury however caused, occurring during or after my participation in any of OTM, LLC's program offerings.

I, (client name) \_\_\_\_\_, fully affirm that I have read and understand the above agreement.

Client Name (print): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

