

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in a physical therapy program offered by Almario Physio Team (hereafter referred to as APT) during which I will receive information about health and fitness, undergo exercises and receive pain control modalities. I recognize that the physical therapy program may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the physical therapy program.
3. In consideration of being permitted to participate in the physical therapy program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program. If, however, I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of management.
4. In further consideration of being permitted to participate in the physical therapy program, I knowingly, voluntarily, and expressly waive any claim I may have against APT or _____ or any therapist, for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and convent not to sue APT or _____ or any therapist, for injury or death caused by their negligence or other acts.
6. I also agree to disengage myself from any other physical therapy services, massage, soft tissue manipulation, chiropractor services, acupuncture or any other rehabilitation and alternative medicine services while I am engaged in physiotherapy at APT.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant Signature

If participant is under 18: AS LEGAL GUARDIAN OF _____,
I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

PARENT OF GUARDIAN SIGNATURE
Witness Date