



INFORMED CONSENT & LIABILITY RELEASE

I have been informed of and acknowledge that participation in physical exercise involving flexibility, strength, balance, agility, and aerobic exercise, including the use of equipment and devices, is a potentially hazardous activity. I have also been informed of and acknowledge that participation in physical therapy can be a test of a person's physical and mental limits and that such participation and training poses potential risks of serious bodily injury or death.

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY RESULT FROM MY PARTICIPATION IN BALANCE ENHANCEMENT TESTING OR TRAINING.

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS FAST PHYSICAL THERAPY, ITS OFFICERS, EMPLOYEES AND AFFILIATES FOR ANY CLAIM ARISING OUT OF ANY INJURY TO ME, WHETHER THE RESULT OF NEGLIGENCE OR ANY CAUSE. I VOLUNTARILY AND KNOWINGLY ACKNOWLEDGE, ACCEPT AND ASSUME THESE RISKS.

I have read this waiver and release of claims and covenant not to sue. I am aware that this is an agreement not to sue and constitutes a complete release of liability by me and by the program participant. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed.

Participant initial here: _____

I agree to the following:

1. My participation in physical therapy and training is strictly voluntary.
2. My participation in each and every exercise and activity within the physical therapy training program is voluntary and I may choose not to participate, or limit my participation, in any exercise or activity at any time.
3. I am personally responsible for my own safety while participating in the physical therapy program. I will pace myself to maintain a level of participation that is safe and comfortable for me.
4. I will advise my physical therapist/physical therapy assistant/trainer of any changes in my physical or mental health prior to participation in each session.
5. My physical therapist/physical therapy assistant/trainer is available to answer any questions or concerns that I might have regarding my participation, activities, or safety.
6. I will seek further direction or explanation of anything that I do not fully understand, or that causes me concern.

I will allow *FAST Physical Therapy* to use my testimonial(s). Yes ___ No ___

I will allow *FAST Physical Therapy* to do a video of me for publication. Yes ___ No ___

Participant's Name (Print)

Participant's Signature

Date

Legal Guardians Signature

Date