



CONSENT TO TREATMENT AND LIABILITY WAIVER

I, _____, hereby agree to the following:

1. That I am participating in physical therapy treatment, or personal training, either in private or small group format, as offered by Physical Therapy, Inc. Inc. I recognize that physical therapy and personal training programs require physical exertion which may be strenuous, and I am fully aware of the hazards and risks involved, and agree to participate in such programs at my own risk. I consent to physical therapy treatment by a licensed physical therapist or whom the therapist may designate as the service provider.
2. I have the responsibility and right to refuse to do any exercise or activity which causes me injury. I agree to stop the exercise or activity immediately, and to notify my therapist/trainer if I am uncomfortable performing any exercise or activity at Stabilize Physical Therapy, including suggested home exercises, and to notify my therapist/trainer if I feel I may or have become injured during the exercise or activity.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in physical therapy or personal training, and to obtain a physician's release for same. I agree to disclose all relevant medical history or developments to the physical therapist/trainer prior to each day's session. If participating in personal training or exercise classes, I represent that I am physically fit and have no medical condition which would prevent my participation in such exercise.
4. I agree to assume full responsibility for any risks, injuries or damages that I may sustain as a result of participating in physical therapy or personal training.
5. I knowingly, voluntarily, and expressly waive any claim I may have against Stabilize Physical Therapy, Inc., for any injury, damages, or death that I may sustain as a result of participating in physical therapy or personal training.
6. 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.

Signature _____ Date _____

Witness _____ Date _____