

2nd Avenue Physiotherapy

LIABILITY RELEASE

I understand and acknowledge that:

1. Participation in physical exercise involving flexibility, strength, balance, agility, and aerobic exercise, including the use of equipment and devices, is a potentially hazardous activity. _____ (initial)
2. 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. _____ (initial)
3. Physical therapy assessment and treatment may involve manual (hands on) techniques that may cause short term aggravation of symptoms or additional pain. _____ (initial)
4. Use of some types of electrical therapy offered by physiotherapy may cause minor burns or skin irritation. _____ (initial)
5. It is my responsibility to consult with a physician prior to and regarding my participation in physiotherapy assessment, treatment, and exercise. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in physiotherapy. _____ (initial)

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY RESULT FROM MY PARTICIPATION IN PHYSICAL THERAPY ASSESSMENT AND TREATMENT _____ (initial)

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS 2nd AVENUE PHYSIOTHERAPY 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. _____ (initial)

Participants Name (print)

Witness

Participants Signature

Date

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INFORMED CONSENT

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 of any changes in my physical or mental health prior to participation in each session.
5. My physical therapist 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.
7. All physiotherapy appointments must be canceled 24 hours in advance. Appointments canceled with less than 24 hours notice will be charged in full.

Participants Signature

Date