



Waiver, Informed Consent and Release Form

I, _____ agree to participate in physical therapy provided by Physioforce, LLC

I hereby give permission for my minor child _____ to participate physical therapy provided by Physioforce, LLC

- THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) MY USE OF ALL AMENITIES AND EQUIPMENT IN PHYSIOFORCE AND THE WAREHOUSE FACILITIES OR PREMISES AND MY PARTICIPATION IN ANY ACTIVITY, CLASS PROGRAM, OR INSTRUCTION (2) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (3) ANY SLIPPING AND/OR FALLING OF EQUIPMENT WHILE ON PHYSIOFORCE'S AND/OR THE WAREHOUSE'S PREMISES INCLUDING ADJACENT SIDEWALKS AND PARKING AREAS.

I understand that I am responsible for any payment or co-payment for scheduled physical therapy sessions. I understand that I am responsible for attending all sessions scheduled for the physical therapy for mine or my child's follow-up visits to receive proper instruction and guidance of the established plan of care from your physical therapist.

Although this program is designed for physical therapy & rehabilitative purposes, there is minimal risk of injury with participation in the established program from your physical therapist. I understand that I cannot hold Physioforce, LLC or The Warehouse, the facility where the program occurred, nor its personnel responsible for any injuries sustained in this process.

Assumption of Risk

- Outside of the injury being seen for, to the best of my knowledge I/my child is in good physical condition and have no disease, physical limitation, health concern or injury that would be aggravated or would be the cause of any injury sustained, before, during or as a result of my participating in activities related either directly and/or indirectly to participation in physical therapy at Physioforce, LLC. If additional past medical history is present, I understand that I have disclosed this information to my physical therapist to make appropriate adjustments to care.
- I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.
- I understand that I/my child will be monitored by a licensed physical therapist that is providing instruction during this program; however I also understand that as a result of participation in an exercise program, I/my child could suffer an injury.
- I understand the physical therapist will perform an initial evaluation to determine the appropriateness of exercise intervention. I also recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Physioforce, LLC, I hereby agree that I am doing so at my own risk.
- For direct-access cases, I understand that a physician's referral is not needed for conducting physical therapy. However, upon permission my primary care provider will be contacted after the initial evaluation about my current. If progress is not obtained within 30 days of the initial evaluation, I understand a referral to outside physician is required by Ohio state law.
- In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I/my child participate.
- I understand that results are individual and may vary.

Name of minor child (printed)

Signature of minor child

Name of parent/guardian (printed)

Signature of parent/guardian and date

Name of client (printed)

Signature of client and date