

Central Mountain Physical Therapy, Inc
Fitness Center/After Care Program
Informed Consent and Release

I, _____, voluntarily enter Central Mountain Physical Therapy, Inc. Fitness Center/Aftercare Program. I understand that the activities I perform are designed to place a gradually increasing workload on the cardio-respiratory and musculoskeletal systems and to thereby attempt to improve its function. The reaction of the cardio-respiratory and musculoskeletal systems to such activities can not be predicted with complete accuracy. There is a risk of certain changes that might occur during exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.

In consideration of the permission granted to me to enter the premises and participate in the stated activities, I hereby, for myself, my heirs, administrators, and assigns, release, remise, and discharge, the owners, operators, and sponsors of the premises and its activities and equipment and their respective servants, agents, officers, and officials, and all other participants in those activities of and from all claims, demands, actions, and causes of action of any sort for injury sustained to my person and/or property during my presence on the premise and my participation in those activities due to negligence or any other fault.

I intend by this Release to waive all claims for negligence, product liability, or breach of warranty against Central Mountain Physical Therapy, Inc., including claims for personal injury and property damage to me or my property whether or not it is based on the sole negligence of Central Mountain Physical Therapy; Inc, its agents, or employees. This release shall cover and include all areas, activities, and acts inside and outside Central Mountain Physical Therapy, Inc., including but not limited to all Fitness/Aftercare endeavors, parking facilities, sidewalk, land, showers, restrooms, hallways, lobby, transportation, and every other activity, or act in or about Central Mountain Physical Therapy, Inc.

In signing this consent form I affirm that I have read this form in its entirety and that I understand the nature of participating in a Fitness/Aftercare exercise program.

In the event that a medical clearance must be obtained prior to my participation in an exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of exercise.

Also, in consideration for being allowed to participate in a Fitness/Aftercare exercise program at Central Mountain Physical Therapy, Inc., I agree to assume the risk of such exercise and further agree to hold harmless Central Mountain Physical Therapy, Inc. and its staff members conducting the exercise program from any and all claims, such losses, or related causes of action for damage, including, but not limited to, such claims that may result in injury or death, accidental or otherwise, during or arriving in any way from the exercise program.

I understand that there is a monthly fee to participate at Central Mountain Physical Therapy, Inc Fitness Center/Aftercare Program. I will be responsible for this payment on a monthly basis. I have read and understand this Release and by affixing my signature to it signify my clear intention to be legally bound by it.

Signature _____ Date _____

Witness _____ Date _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone _____

Age: _____ DOB: _____

Emergency Contact: _____

Phone #: _____