

The ExerScience Center

MEDICAL and LIABILITY RELEASE

Name of Patient: _____ DOB: _____

Please tell us of any condition that attending physicians should be aware of:

RELEASE FOR MEDICAL TREATMENT

It is necessary for you to authorize providers (including physicians, ambulances, etc.) to administer treatment in the case of emergency (accident, sudden illness, etc). Therefore, this release is **not complete nor will not be accepted by The ExerScience Center until this form is signed by the participant of legal age or the minor's parent or legal guardian.** This form has to be signed before the start of any training program.

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in any of The ExerScience Center's Physical Therapy and related activities involves an inherent risk of physical injury. Therefore, the Participant of legal age, parent or guardian hereby assume all such risk and do hereby release and forever discharge The ExerScience Center, its owners, officers, employees, and agents from any and all liability, regardless of the nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damages to property, and the consequences thereof, resulting from the Participant's active participation or involvement in any of The ExerScience Center, activity, or any failure of equipment or defect in the premises.

I have had a physical examination and been given permission by my physician to participate in The ExerScience Center's Physical Therapy, or I have decided to participate without the approval of my physician.

I/We hereby state that -- I am/we are -- the parent(s)/legal guardians(s) of the applicant who is under legal age:

Participant Signature: _____

Parent Signature: _____