

# PATRICK PHYSICAL THERAPY, INC.

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## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to and initial the following:

1. That I am participating in a one on one exercise program offered by Patrick Physical Therapy, Inc. (hereafter referred to as PPT) during which I will receive information about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. \_\_\_\_ (initial)

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the one on one exercise program. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the one on one exercise program. \_\_\_\_ (initial)

3. In consideration of being permitted to participate in the one on one exercise program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program. If, however, I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of management. \_\_\_\_ (initial)

4. In further consideration of being permitted to participate in the one on one exercise program, I knowingly, voluntarily, and expressly waive any claim I may have against PPT or \_\_\_\_\_ or any therapist, for injury or damages that I may sustain as a result of participating in the program. \_\_\_\_ (initial)

5. I, my heirs or legal representatives forever release, waive, discharge and convent not to sue PPT or \_\_\_\_\_ or any therapist, for injury or death caused by their negligence or other acts. \_\_\_\_ (initial)

6. All Physical Therapy appointments must be canceled 24 hours in advance. Appointments canceled with less than 24 hours notice are subject to charge at the rate of \$80 per session. \_\_\_\_ (initial)

7. **I understand that if I am being treated by Home Health Care at any point in my outpatient physical therapy, I will inform the therapist prior to any further visits. I also realize that I will be responsible for any payments due to Home Health Care visits that I have not previously informed PPT Inc. of.** \_\_\_\_ (initial)

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. \_\_\_\_ (initial)

\_\_\_\_\_  
Participant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

If participant is under 18:

AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date