



PHYSICAL THERAPY CONSENT

Waiver and Release of Liability

In agreeing to receive care provided by Integrative Physiotherapy LLC (“*Integrative Physiotherapy*”) and to use the facilities provided therefore by Élan Yoga & Fitness located at 353 West Drake Rd. Suite 140, Fort Collins, Colorado 80526, I agree as follows:

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by Integrative Physiotherapy and the equipment I may use as a part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives or employees of Integrative Physiotherapy, Élan Yoga & Fitness, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of Integrative Physiotherapy, Élan Yoga & Fitness, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Integrative Physiotherapy, Élan Yoga & Fitness and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of Integrative Physiotherapy or Élan Yoga & Fitness.

Consent: I consent to and authorize Integrative Physiotherapy (including students in training) to administer physical therapy treatment under the direction and supervision of the physical therapist. I understand and am informed that, as in the practice of medicine, physical therapy may have some risks. I understand that I have the right to ask about these risks and have any questions about my conditions answered prior to treatment. I know it is up to me to inform the physical therapist/staff about any health problems or allergies I have, as well as medications I am taking.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE INTEGRATIVE PHYSIOTHERAPY LLC AND ELAN YOGA & FITNESS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.

Name (print) _____ Name (sign) _____ Date of birth _____