

Mission Peak Physical Therapy PLLC

Release of Liability

In agreeing to receive care provided by Mission Peak Physical Therapy PLLC ("Mission Peak") and to use its facilities, I agree as follows:

I fully understand and acknowledge that: (a) there are inherent risks, dangers, and hazards associated with participation in physical therapy and Pilates and the use of equipment as part of the treatment provided by Mission Peak; (b) such risks, dangers, and hazards include aggravation of symptoms, all types of physical injuries and/or illness, including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, and other ailments that could cause serious disability, and a very remote risk of death; and (c) these risks, dangers, and hazards may be caused by the negligence of the officers, representatives, agents, affiliates, or employees of Mission Peak, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. I hereby agree that my participation in physical therapy and/or Pilates and/or my use of equipment as part of the treatment provided by Mission Peak is strictly voluntary, and I may choose to not participate or use equipment or discontinue participation or use of equipment at any time. I agree to advise my physical therapist of any changes in my physical or mental health or condition. I hereby accept full responsibility and assume all risks and dangers for any harm, injury, losses, or damages that may result from my participation in physical therapy and Pilates and/or my use of equipment as part of the treatment provided by Mission Peak, whether or not caused in whole or in part by the negligence or the conduct of the officers, representatives, agents, affiliates, and employees of Mission Peak, or by any other person. I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily agree to waive, release, discharge, defend, indemnify, and hold harmless Mission Peak Physical Therapy PLLC and all its employees, officers, agents, representatives, and affiliates for any and all claims, actions, or losses for bodily injury, property damages, wrongful death, loss of services, or otherwise arising out of my participation in physical therapy and/or Pilates and my use of any equipment. 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 officers, agents, representatives, affiliates, and employees of Mission Peak Physical Therapy. I voluntarily accept and assume these risks.

I HAVE READ THE ABOVE RELEASE OF LIABILITY AND BY SIGNING IT AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE MISSION PEAK FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Printed Name of Patient

Signature of Patient or Legal Guardian

Date

Printed Name of Legal Guardian

Relationship to Patient