



**Waiver and Release of Liability**

**In agreeing to receive care and to use the equipment and facilities provided by Precision Physical Therapy and Wellness located at 211 Tank Farm Road, Suite A, San Luis Obispo, CA 93401, 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 Precision Physical Therapy and Wellness 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 equipment may result in 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 Precision Physical Therapy and Wellness, 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 Precision Physical Therapy and Wellness, 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 Precision Physical Therapy and Wellness 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 representative or employees of Precision Physical Therapy and Wellness.

**Consent:**

I consent to and authorize Precision Physical Therapy and Wellness (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 PRECISION PHYSICAL THERAPY AND WELLNESS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.**

**Name (print):** \_\_\_\_\_ **Name (sign):** \_\_\_\_\_

**Date:** \_\_\_\_\_