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FOR SPORTS MEDICINE & FAMILY PHYSICAL THERAPY

WAIVER AND RELEASE – Sports Enhancement/ FIT and IT Programs

It is hereby agreed that I, _____ do fully comprehend and assume all risks involved in my (or my child's) participation and enrollment in the **Sports Enhancement, FIT and/or IT program** at The PT Center for Sports Medicine. I have been advised and do hereby acknowledge that participation is the aforementioned physical condition program demands that I (he/she) participate in appropriate physical conditioning exercise. Also, I do hereby acknowledge that I have been advised to consult my (his/her) physician prior to my (his/her) instruction to ensure that I (he/she is) am physically able to engage in strenuous physical activity.

Being fully cognizant, and assuming all risks involved in the physical conditioning program offered by The PT Center for Sports Medicine, I do hereby agree to indemnify and save harmless The PT Center for Sports Medicine and defend any action brought against The PT Center for Sports Medicine (and its employees, agents, administrator, successors and assigns), with respect to any claim, demand, cause of action, debt, cost, loss, damage and expense (including reasonable attorney's fees) or liability that may be sustained or incurred in any manner connected with The PT Center for Sports Medicine (and its employees, agents, administrator, successors and assigns), I, my heirs, executors, or administrators hereafter can, shall or may have, for upon or by reason of any injury that I (he/she) may sustain or incur while participating in the program of The PT Center for Sports Medicine, or while engaging in physical conditioning exercises. In consideration of being accepted as a participant of The PT Center for Sports Medicine's program, I hereby assume all risks of my (his/her) involvement and do covenant and agree not to bring legal action for damages should I (he/she) sustain an injury, and do further release The PT Center for Sports Medicine from all acts of active or passive negligence on the part of the PT Center for Sports Medicine, its agents, servants, or employees.

The releasing party presents that I have authority to enter into this Waiver, Release of Liability and Indemnity Agreement and that I have read and understand the terms and conditions contained herein.

Participant's Name

Date

Parent/ Guardian's Signature

Date

**Sports Enhancement/ FIT and STEP Programs
REGISTRATION FORM**

Participant's Name: _____

Address: _____

City/ State/ ZIP Code: _____

Birthdate: ____/____/____ Age: ____ Participant's Sex: M / F

Home Phone #: (____) ____ - ____ Alt Phone #: (____) ____ - ____

Emergency Contact Name: _____

Phone #: (____) ____ - ____ Relationship to Participant: _____

School: _____ Grade: _____

1. What sport(s) do you participate in?

Are you currently in season?

2. Why have you chosen to participate in this program?

3. How did you hear about this program?

4. What are you hoping to gain from this program?

5. Any current injuries/ health concerns?

**I understand that any appointment that is not cancelled without prior notice may count as a session.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____