

I, the patient and/or guarantor/guardian, understand that in order to be allowed to receive care and information on health and fitness provided by CORE Sports Analysis LLC (doing business as CORE Sports Physical Therapy and Orthopedics "CSPTO") and to use their facilities, I agree to the following:

1. **Identifications of Risks:** I understand that each therapist/trainer will take every precaution to ensure that each client is protected from any potentially hazardous situations. I recognize and assume full responsibility that CSPTO's services and equipment may require physical exertion, which may be strenuous and cause physical injury; and I am fully aware of the risks and hazards involved, including, but not limited to, equipment that may malfunction or break when prior warning was given, any slip, fall, or dropping of equipment, injury due to patient negligence in following instruction or supervision, aggravation to any pre-existing conditions, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability. If I observe anything unsafe or any unusual significant hazards during my participation of CSPTO's services, I will remove myself from participation and bring such attention to my therapist and management.

2. **Assumption of Risk:** I confirm that an examination/medical clearance by my physician has been obtained prior to involvement in any of CSPTO's services. I am physically and psychologically ready to use CSPTO's facility and assume all risks, known and unknown, foreseeable and unforeseeable, connected with my use of CSPTO's facility and services. I accept personal responsibility for any liability, injury, loss, or damage in any way affiliated with CSPTO.

3. **Waiver and Release:** I voluntarily and expressly waive any claim I may have against CSPTO and its employees for injury or damages that I may sustain as a result of participating in any services. I, on behalf of myself, my personal representatives & my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify CORE Sports Analysis LLC/CSPTO & their representatives & employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of service or otherwise which may arise out of my use of any equipment or participation in these activities. I understand that I am releasing, discharging, & waiving any claims or actions that I may have presently or in the future for negligent acts or other conduct by the representatives or employees of CORE Sports Analysis, LLC/CSPTO.

4. **Consent for Patients Who Are Minors:** I am the legal guardian of the patient and authorize her/him and give my consent for the patient to attend CSPTO's appointments independently.

5. **Notice of Privacy Practices**

By signing below, I have read CSPTO's Notice of Privacy Practices and give consent to the use and disclosure of my personal health information by this office for treatment, billing, payment and healthcare operations and the rest of the terms provided. If I would like a copy of this notice, I acknowledge that I can ask the office for a copy at any time.

6. **Summary:** I authorize CSPTO's physical therapists, massage therapists, and personal trainers, as he/she may employ, along with its support personnel (including physical therapy assistants and technicians), to perform the appropriate respective services for the care, injuries or ailments that I am here for. I certify that I have read the above agreement of release and waiver and liability and consent to treatment and services, that any questions that I had about its content have been answered to my full satisfaction, and that I freely give my informed consent to both the performance of CSPTO's services and the consent to release my information as above stated.

PRINT PATIENT NAME _____ FULL SIGNATURE _____ DATE _____

PARENT GUARDIAN/GUARANTOR
NAME _____ FULL SIGNATURE _____ DATE _____