



New Client Waiver Form

You have chosen or been referred to receive physical therapy, body work, &/or fitness training with Hnath PT.

Please read and sign this document prior to treatment.

I, _____, acknowledge that I have voluntarily chosen to participate in an exercise, body work, and/or physical therapy program with Hnath PT. I understand such a program can enhance the musculoskeletal and respiratory systems. I also understand there are inherent risks in participating in a program of strenuous exercise and/or hands on manual treatment applications. I have been informed of the possible strenuous nature of an intense exercise program and manual treatment applications and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the medical history of the intake form are true and complete to the best of my knowledge. I understand that medical clearance may be required based on the answers I gave on my medical history. I understand and agree that it is my responsibility to inform Hnath PT of any conditions or changes in my health, now and ongoing, which might affect my ability to safely participate in exercise, body work and/or physical therapy with minimal risk of injury.

I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participate at any time during fitness training, body work and/or physical therapy sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my instructor/therapist. I give Hnath PT permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

I have read and understand this term: _____(initial)

By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility Hnath PT, the facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures, manual techniques and other treatments are encouraged and welcomed.

I have read, understood, and completed this questionnaire. Any questions were answered to my full satisfaction.

Client Signature: _____ Today's Date: _____

Client Name (Please Print): _____