

CONNECTED PHYSICAL THERAPY AND WELLNESS

Waiver and Release of Liability

In agreeing to receive care and/or treatment provided by Connected Physical Therapy and Wellness, LLC ("Connected Physical Therapy and Wellness") and to use the facilities and/or equipment provided therefore by Connected Physical Therapy and Wellness, I hereby agree as follows:

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by Connected Physical Therapy and Wellness and the physical therapy activities and any 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 such equipment may result in injury or illness, but not limited to bodily injury, disease, 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 Connected 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 of the conduct of the representatives or employees of Connected Physical Therapy and Wellness, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, do hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Connected 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 representatives or employees of Connected Physical Therapy and Wellness.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE CONNECTED PHYSICAL THERAPY AND WELLNESS, LLC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Name (print) _____ Date of Birth _____

Signature _____ Date _____