

FERRELL-WHITED PHYSICAL THERAPY SERVICES LLC
700 E WASHINGTON STREET
MEDINA, OHIO 44256

INFORMED CONSENT AND RELEASE

I _____, desire to use the premises (“Premises”), swimming pool (“Pool”) and /or fitness instructor (“Instructor”) provided by Ferrell-Whited Physical Therapy Services, LLC (the “Company”).

I am voluntarily participating in a self-determined fitness or exercise program at the Premises and I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that pool and deck surfaces may be slippery and increase the chance of injury. I am also aware that there is no lifeguard on duty at the pool.

I understand that it is my responsibility to consult with a physician prior to my participation in any fitness or exercise program and before initiating an aerobic and strengthening program. I represent that I am physically fit and I have no medical condition, which would prevent my full participation in any such strengthening, and conditioning program. I recognize that the possibility of certain changes during exercise does exist. They include, but are not limited to: abnormal blood pressure, fainting, disorders of heartbeat, and in some instances heart problems. I hereby acknowledge and assume any and all of these risks. If I feel weak, dizzy, have shortness of breath, or experience any other physical discomfort, I will immediately stop all physical activity and notify company personnel and seek medical attention.

I understand that my use of the Premises and Pool is unsupervised, unless I elect take a fitness class. If I choose not to take fitness classes, the Company can conclude that I am familiar with the Pool and its’ proper use. If I choose to take fitness classes, I am aware that I am not receiving physical therapy. I take full responsibility for the level and types of aerobic movements and activities selected.

I acknowledge that the Company’s primary responsibility is the rehabilitation of its’ patients and that its’ patients will have the first priority to use the Premises and Pool. I agree to cease use of the Pool and Pool Equipment immediately upon the request of Company’s personnel.

I, for myself, my heirs and assigns, hereby release the Company, its’ affiliates, subsidiaries, employees, agents, officers and directors from any claims, causes of actions, and demands whatsoever for any injuries or damages to my person or property, including death, arising from my use of the Premises, Pool, and Fitness Classes.

I have been informed of the value and recommendation of a physician’s approval prior to exercising and/or participating in an exercise or fitness program.

I hereby acknowledge that this Consent & Release is freely and voluntarily executed and that I did not rely upon any inducement, promise or representation made to any representative of the Company. In signing this document, I affirm that I have read this Consent & Release in its’ entirety and fully understand its’ meaning.

Signature _____
(Parent/Guardian must sign if under 18)

Date _____

Signature of Clinic Personnel _____

Date _____