

**DeGrandis Physical Therapy
Physical Therapy Consent
Waiver and Release of Liability**

In agreeing to receive care provided by DeGrandis Physical Therapy (DPT), I agree as follows:

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by DPT and the equipment I may use as part of that treatment have inherent risks, dangers, hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness, including, 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 of DPT, 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 or the conduct of the representatives of DPT, or by any other persons. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify DPT and their representatives 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 of DPT.

Consent: I consent to and authorize DPT to administer physical therapy treatment. I understand and am informed that, as in the practice of medicine, physical therapy may have some risks. I understand that I have the right to ask about these risks and have any questions about my conditions answered prior to treatment. I know it is up to me to inform the physical therapist about any health problems or allergies I have, as well as medication I am taking.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE DPT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.

Name (Print) _____ Name (Sign) _____ Date _____

If Patient is a Minor (under age 18):

Parent Name (Print) _____ Parent Name (Sign) _____

Date _____