

T.I.F. PT: Total Improved Function Physical Therapy



In consideration of entry into therapy with Tiffany Frickert and T.I.F. PT, I _____,

(please print) intend to be legally bound and do hereby agree to be legally bound for myself and for all successors in interest. I may have, by this Contract, Waiver and Release of Liability, and hereby agree to hold harmless and indemnify Tiffany Frickert and T.I.F. PT, against any claims for damages or other claims for injuries or losses of any kind suffered by me or any others, directly or indirectly, arising out of practice, instructions, or other activity related to this program as well as

participation in this program or traveling to for from this program or any other activity related to this program.

I understand that the activities, exercises, and training methods to be taught may not be appropriate for all people and may, in some cases, cause injury or aggravate existing injuries. I certify that I am physically able to participate in this activity and will further hold Tiffany Frickert and T.I.F.PT, as well as any all officers, members, assistants, employees, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this training due to any physical defector condition that I may have, whether now known or hereinafter discovered. I further acknowledge that in consideration for this training, this release shall not expire and shall be considered effective in perpetuity. I also understand that all exercises,

treatments and training methods and concepts are to be used at my own risk and that the aforementioned therapist assumes no responsibility for my actions.

I acknowledge if I am uncomfortable with any activity, exercise or training program within the treatment session that I may immediately state so, and that it is my right and responsibility to remove myself from the situation immediately and that I am encouraged to do so.

I have understood all that is expressed in this waiver and release of liability, and I certify that I am of sound judgement, legally competent to agree to this waiver. Additionally, I certify that I am _____/am not _____(check one) eighteen years of age or older, or a legally emancipated adult.

Participant's signature _____

Date _____

Signature of Parent (if
required)_____

Witness_____