



Waiver and Release of Liability

In agreeing to receive care provided by Petroski Physiotherapy and Performance and to use the facilities provided therefore by Petroski Physiotherapy and Performance located at 12331 Academy Road, Philadelphia, PA 19154, 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 Petroski Physiotherapy and Performance and the physical therapy and exercise activities and 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 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 or employees of Petroski Physiotherapy and Performance 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 or employees of Petroski Physiotherapy and Performance, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Petroski Physiotherapy and Performance 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 Petroski Physiotherapy and Performance.

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

Name (Print): _____

Date: _____

Signature: _____

Parents/Guardian Signature _____

A parent or legal guardian must sign if patient is under 18 years of age