



CATALYST

PHYSICAL THERAPY & WELLNESS



RELEASE OF LIABILITY

As a new patient/client of Catalyst Physical Therapy & Wellness I hereby acknowledge and understand the following:

Physical therapy means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services (collectively "Therapy"). The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related to health and wellness of individuals through the use of physical therapy interventions. Physical therapists are not authorized in California to diagnose disease.

Catalyst Physical Therapy & Wellness does not discriminate and therapy being provided by Catalyst Physical & Wellness is provided without regard to the patient's race, religion, gender, color, national origin, ancestry, physical handicap, medical condition, marital status, age or sex. Response to therapy treatment varies by individual. Therefore, Catalyst Physical Therapy & Wellness cannot predict my response to therapy. While the goal is improvement of the condition in which I am seeking therapy, I understand that there is a possibility that my condition may worsen and therapy may cause pain, injury and even death. I also understand and acknowledge that I may develop new or different injuries as a result of my participation in a physical therapy program and in receiving Therapy. With full knowledge of the above, I hereby knowingly and voluntarily assume any risks associated with the therapy that I receive and I, along with my heirs and assigns, fully and forever release Catalyst Physical Therapy & Wellness, its owners, partners and providers of therapy services from any and all injury which may naturally occur and which are inherent in receiving therapy.

I understand that it is my right to decline to participate in physical therapy in general and specifically any treatment proposed by Catalyst Physical Therapy & Wellness, and that I will immediately notify my physical therapist of any pain, discomfort, dizziness, or any other concern that I may have. I understand that it is my right to ask the physical therapist about my specific treatment plan along with the associated risks and benefits.

I further acknowledge that I have consulted with my physician prior to participating in therapy to determine whether therapy is safe, warranted and recommended and I have been informed that it is. I further acknowledge that I have been advised that I need to fully disclose any medical condition that I have that may affect my therapy and that if I am not sure then to discuss such condition with my physical therapist prior to receiving Therapy.

I have read, acknowledged, adopted, understood and have agreed to be bound by the above.

Printed Name _____ Signature _____ Date _____

If under 18 years of age: PARENT or LEGAL GUARDIAN NAME, SIGNATURE AND DATE

Printed Name _____ Signature _____ Date _____