



ADAPT TRAINING | THERAPY WAIVER

- I, \_\_\_\_\_ (name of participant), acknowledge that I have voluntarily elected to participate in ADAPT workouts and exercise routines operated by ADAPT.
- I am aware that participation in the routines will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that there are possible risks involved. I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines.
- (IF PARTICIPANT IS A MINOR)** I, the parent/legal guardian of the Participant, hereby grant permission to the employees and/or representatives of ADAPT to authorize and obtain medical care for the Participant from any licensed physician, hospital, or medical clinic should the Participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment. I also hereby assume all risks and hazards incidental to participation at ADAPT and agree to accept any and all risks of injury and/or death as a result of the Participant's involvement in these routines.
- I have carefully read this agreement before executing it and acknowledge that I am signing this agreement voluntarily and with the full intent of releasing ADAPT from any and all claims arising as a result of my participation in the routines.
- I hereby grant ADAPT permission to use my likeness in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by ADAPT, in perpetuity, and for other use by ADAPT. I will make no monetary or other claim against ADAPT for the use of my likeness.  
**If you wish to opt out, please initial here** \_\_\_\_\_
- I understand that it is my responsibility to notify ADAPT at least **24 hours** prior to canceling or rescheduling a scheduled appointment. Failure to do so will result in a charge of **one full session** that will be collected before my next visit or charged to my current package. **Please initial acknowledgement of policy** \_\_\_\_\_
- By signing below I have read, understand, and received a copy of ADAPT's **Notice of Patient Information Practices**. By signing below I understand and agree that I am responsible for payments to ADAPT for charges to my account. I am responsible for submitting my bill to my insurance company. I understand that ADAPT and ADAPT physical therapists are not responsible for the amount of reimbursement provided to me by my insurance company. **All sales of product and merchandise are final.**

Executed on (date) \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT'S GUARDIAN (if under 18)

\_\_\_\_\_  
SIGNATURE OF GUARDIAN