



# OPEN GYM Waiver

Name:					Today's date:	
	Last Name	First Name				
Address:						
City / State / ZIP:						
Phone #	MOBILE		HOME		WORK	
DOB:						
Email:						
Emergency Contact		Name:				
		Phone:		Relationship:		

## Agreement

**Waiver:** The participant understands that there is a risk of personal injury in the course of instruction and, with this knowledge, agrees to assume the risk of any injury and damages while inside the facility of Physical Therapy San Pedro. The participant further agrees to observe safety rules.

I understand that Physical Therapy San Pedro will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

### **Agreement Statement:**

I \_\_\_\_\_, have read and understand this release and agreement and agree to its provisions. I am not under the influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, a parent or guardian must sign.)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_