



Date Client Name

I authorize use of my credit / debit card for payment Card Type (number / exp date / cvc)

Client Information

Home Phone Cell Phone Email Address

Street Address

City / State / Zip Code

DOB

I agree to all treatment and management of care by Elizabeth M Pettit, PT, DPT. I understand that I am financially responsible for all charges and will pay at time of service. I understand that I may be involved in physical activity / exercise and I voluntarily agree to assume all risk of injury, illness, or death. RFPT is not responsible for any loss of personal property. This waiver and release of liability includes without limitation, a) all injuries which may occur, regardless of negligence because of use of all amenities and equipment in the facility and participation in any activity, class, program or instruction, b) unforeseen malfunctioning of any equipment, c) slipping or falling within the facility or Midvalley Medical Building. I acknowledge I have read this waiver and release, and understand it is a release of liability and indemnifies RFPT and all staff. I agree to release all staff of RFPT, agents and representatives of RFPT from all claims and waive any right to legal action against RFPT for personal injury, negligence, or property damage. **Informed consent:** In signing this document, I acknowledge I have voluntarily chosen to participate in a program of physical activity/exercise which may be strenuous in nature and cause for unusual but potential physiological results including but not limited to change in blood pressure, vasovagal response, heart attack or death. In signing, I assume all risk for my health and well-being and hold harmless of any responsibility to RFPT and all staff. **Cancellation:** I understand that I am expected to be at RFPT at the scheduled time of my appointment. I will be charged in full, \$300 if I no-show or cancel with less than 5 hours.

Signature Date