

## Active Rehabilitation Liability and Consent Form

Please read the following carefully and enquire if you have any questions or concerns

I, \_\_\_\_\_, hereby request and consent to active rehabilitation, functional assessments, personal training and any other therapies provided by Rehabilitation Professionals at Aquamotion. I have had the opportunity to discuss the nature and purpose of all therapies with the practitioner and I understand that results are not guaranteed. I assume full responsibility during and after my participation in such activities and for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any of the activities or therapies is relative to my own state of health and the awareness, care and skill with which I conduct myself in any activities or therapies with Aquamotion Rehabilitation and Fitness. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the activities and I realize that I should do so on recognition of any signs of physical discomfort which may include: transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the possible risks involved in participating in an active rehabilitation or fitness program may include: muscle, tendon, ligament, bone and joint soreness, muscle, tendon and ligament strain, tear or rip, bruising, shortness of breath, dizziness, fainting or unconsciousness, tightness in chest, fatigue, sweating, heart attack, stroke, or even death, aggravation of an existing or past injury, discomfort, or problem with any other injury, discomfort or physical problem associated with physical activity.

I consent to taking all of the above noted risks by participating in the program(s) developed and implemented by a certified professional at Aquamotion Rehabilitation and Fitness. I authorize any information I have provided to be shared with Aquamotion Rehabilitation and Fitness.

I have read the above statements carefully and have had the opportunity to ask questions about their contents. By signing below I am signifying agreement to the above- mentioned therapies and activities and I intend this consent to apply to and cover the entire course of my program or treatment(s) for my present condition(s).

Name: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_