

## **Acknowledgment & Assumption of Risk**

☐ I, \_\_\_\_\_ (client or parent/guardian name) understand that I am being asked to carefully read each of the provisions in this form. I acknowledge and agree to have physical therapy services from Body in Motion Physical Therapy and/or any employee or independent contractor employed by Body in Motion Physical Therapy.

☐ I acknowledge that there are some inherent risks associated with the use of therapy equipment, physical therapy treatment, exercise, and physical therapy evaluation that cannot be eliminated regardless of the care taken to avoid injuries.

I understand the risks and I hereby assert that my participation is voluntary and that I knowingly assume such risks without holding Body in Motion Physical Therapy and/or any employee or independent contractor employed by Body in Motion Physical Therapy accountable for any losses, injuries, or other damages occurring to the client and/or myself. I further understand that I am fully responsible for my safety and can terminate the treatment at any time.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client