



P R E M I E R
PHYSICAL THERAPY

Where it's all about you... all the time.

Consent Form

Name _____

Date: _____

I agree to participate in Premier's Medical Fitness Program. This program involves a medical history questionnaire, consent forms, instruction on the use of the exercise equipment and appropriate evaluations.

I understand there are certain risks involved in any exercise program. These risks may include musculoskeletal pain, soreness, and cardiopulmonary signs, such as elevated heart rate, labored breathing, excessive sweating or light-headedness. I understand these risks and declare myself physically sound and/or have medical approval to participate in this program.

I will take personal responsibility for reporting to the fitness staff any unusual signs/symptoms.

I understand that if I have indicated positive to any medical history questions a medical referral may be necessary.

I will take personal responsibility to report to the fitness staff any new diagnosis, injuries, or surgical procedures occurring during my membership that could affect my fitness routine. A doctor's referral may be required for ongoing use of Premier's Medical Fitness Program following certain medical procedures.

I do hereby release Premier Physical Therapy and Premier's Medical Fitness Program officers, employees, agents, or students of any and all liabilities related to injuries or accidents which may occur as a result of participation in the above program.

I understand that any medical bills that I may incur as a result of participation in this program are my responsibility.

I have read this form and I understand the exercise evaluation and programs I will perform and I consent to participate. I understand that I can withdraw from the evaluation and/or exercise program at any time.

Signature: _____

Date: _____

Parent or Guardian: _____

Date: _____