



PHYSIOTHERAPY INFORMED CONSENT AND LIABILITY RELEASE

(Please print) **Patient Name:** _____

PLEASE READ CAREFULLY

24-HOUR CANCELLATION POLICY:

I understand that if I must cancel a scheduled appointment I will notify Body Forté Rehab & Pilates 24 hours in advance or be held responsible for payment.

One complimentary /emergency Late Cancellation without penalty is allowed per calendar year.

Please initial: _____

Physical Therapy is a patient care service provided in response to a wide range of medical care needs of outpatients of all ages regardless of gender, colour, race, creed, national origin, or disability.

The purpose of physical therapy is to treat disease, injury and disability by evaluation examination, testing and use of rehabilitative procedures, mobilization, massage, exercises and physical agents to aid the patient in achieving their maximum potential within their capabilities: and to accelerate convalescence and reduce the length of the functional recovery. I understand that all procedures will be thoroughly explained to me before I asked to perform them. I consent to an examination and treatment performed by a physiotherapist.

I understand that it is my responsibility to undergo medical evaluation before beginning any program of physical conditioning, exercise, and/or bodywork. I have or will continue to keep Body Forté Limited informed of any physical condition or disability, which would prevent or limit my participation in an exercise, physical conditioning, and/or bodywork.

I understand that I am expected to cooperate fully with the evaluation and treatment program. I understand that there are certain inherent risks with physical therapy treatments because I will be asked to exert effort and perform activities with increasing degrees of difficulty which could cause an increase in my current level of pain or discomfort or an aggravation to my existing injury. I understand that if at any time I am not comfortable with, and/or do not understand the purpose of any treatment



procedure I will ask the physiotherapist for further explanation/information. I understand that I may stop the assessment or treatment procedure at any time, during or after a session.

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY RESULT FROM MY PARTICIPATION IN THE TREATMENT PROGRAM EXCEPT WHERE THAT HARM, INJURY OR DAMAGE IS AS A DIRECT & SOLE CAUSE OF THE PROVEN NEGLIGENCE OF BODY FORTÉ LIMITED, ITS OFFICERS AND EMPLOYEES.

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS BODY FORTÉ LIMITED, ITS OFFICERS AND EMPLOYEES FOR ANY CLAIM ARISING OUT OF ANY INJURY TO ME, EXCEPT WHERE SUCH INJURY IS CAUSED DIRECTLY AND SOLELY BY THE PROVEN NEGLIGENCE OF BODY FORTÉ LIMITED, ITS OFFICERS AND EMPLOYEES. I VOLUNTARILY AND KNOWINGLY ACKNOWLEDGE, ACCEPT AND ASSUME THESE RISKS.

I HAVE READ THIS INFORMED CONSENT AND LIABILITY RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PATIENT'S SIGNATURE
(Parent or Guardian if under 18 years of age)

DATE