



Sports + Dance Rehab | Physical Therapy

**BODYWORK SESSION
WAIVER OF LIABILITY, ASSUMPTION OF RISK,
+ INDEMNITY AGREEMENT**

Participant's Name (Please Print): _____

Waiver:

In consideration of being permitted to participate in any way in the "body work session" hereinafter called "Bodywork Session" I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue MovEvolution Physical Therapy Inc., its officers, employees or agents from liability from any and all claims including the negligence of MovEvolution Physical Therapy Inc., its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the "Bodywork Session".

Assumption of Risks:

Participation in the "Bodywork Session" carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the "Bodywork Session". I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless:

I also agree to INDEMNIFY AND HOLD MovEvolution Physical Therapy Inc., HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the "Bodywork Session" and to reimburse them for any such expenses incurred.

Severability:

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of new York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding:

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant: _____ Date: _____

Signature of Parent/
Guardian of Minor: _____ Date: _____

Participant's Age (if a minor): _____

Any questions about this waiver should be directed to Movevolution Physical Therapy Inc., at 718-522-2658