therapydia
Physical Therapy Clinic • Yoga Studio

155 Woodstock Ave, Rutland, VT 05701

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY – **PLEASE PRINT**

Name_____ Date of Birth: _____/_____/_____
Address_____
City_____ State_____ Zip Code: _____
Email: _____Phone: _____
Name/Phone of Emergency Contact_____

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder, or knee problems) if so, please explain:_____
_____.
It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition that would limit my participation in the classes offered at Therapydia, INC. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the classes, programs, or workshops. I understand the risks associated with the activities offered by Therapydia, INC and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE Therapydia, INC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the classes, workshops, or other activities at Therapydia, INC, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

I consent to receiving email from Therapydia via mailchimp: Yes_____ NO_____. I acknowledge that I will not receive notices pertaining to cancellation or class updates if I do not agree to receive email.____.

Under 18 years of age: Parent or Legal Guardian of _____. I consent to the above terms and conditions.

Print name: _____
Signature: _____Date Signed: _____/_____/_____

How did you hear about us? *Please circle one*: Prescribing Physician Self Other

_____Online: Clinic Website/Facebook/Other Website_____

_____Offline: Follow-up visit/Clinic Storefront/Advertisement/Event:_____