



# WAIVER & RELEASE OF LIABILITY

## Waiver & Release of Liability, Assumption of Risk, and Indemnity & Parental Consent Agreement ("agreement")

In consideration of participating in physical therapy activities ("activity") and/or receiving any physical therapy-related treatment ("treatment") and/or education/information ("information") I, for myself for family, friends, representatives, assigns, heirs, and next of kin:

           Acknowledge, agree, and represent that I understand the nature of physical therapy activities and that I am qualified and in good/proper physical and mental health/condition to receive such information and/or participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity and/or treatment.  
*(initials)*

           Acknowledge, agree, and represent that I have read and signed the Pelvic Health Consent for Consultation, Evaluation, & Treatment Form in its entirety and understand that any education and/or information given throughout the course of any interaction with Quozette Valera, PT, DPT in the context of her role as my postpartum doula and/or physical therapist is not meant to replace any medical advice from my primary physician or any other medical professional involved in my health care or that of the minor(s) under my responsibility, and will not be misconstrued as such, nor will any findings or results from my interaction with her be automatically sent to my medical provider on my behalf.  
*(initials)*

           Fully understand that: physical therapy activities involve physical risks including temporary pain, aches, soreness, muscle cramping, joint stiffness, changes in bowel, bladder, and sexual function, as well as lower risks of minor bodily injuries such as sprains and strains ("risks"); (b) these risks may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "releasees" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the activity.  
*(initials)*

           Hereby release, discharge, and covenant not to sue Quozette Valera, PT, DPT or DRQDPT or their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the "releasees," I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.  
*(initials)*

### Minor Release

I, the minor's parent and/or legal guardian:

           Understand the nature of physical therapy activities and the minor's experience and capabilities and believe the minor to be qualified, and in good/proper physical and mental health/condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be cause in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operation and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.  
*(initials)*

           Understand and agree that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so.  
*(initials)*

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
CLIENT'S NAME (PRINT)

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN'S NAME (PRINT)  
*If client is a minor.*

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE