MAC PERFORMANCE PT

INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facilities, services, and programs of MAC Performance Physical Therapy. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following Informed Consent Agreement.

I, _____, ("Client") declare that I intend to use some or all of the activities, facilities, programs, and services offered by the above. I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any exercise program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program offered by the above brings with it my assumption of those risks or results stemming from this choice of health, awareness, care and skill that I possess and use.

I have been informed and understand that there exists the remote possibility of adverse changes occurring during exercise, including, but not limited to: Abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I also have been informed and understand that there exists the risk of bodily injury including, but not limited to: Injuries to the muscles, ligaments, tendons, and joints of the body. I fully understand the risks associated to treatment, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated. I agree to release, hold harmless and indemnify Dan MacLean – Physical Therapist/Owner, his employees, and affiliates from any and all liability for injury, damage or death to me or my property while using the facilities, programs, services or equipment.

I have been informed that the information obtained in this exercise evaluation will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify my or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Any other information obtained, however, will be used by the program, staff in the course of evaluating my present health level.

Patient Signature: _____ Date: _____

Print Name: _____

If Minor:

Parent/Guardian Signature: _____ Date:_____

Print Name of Parent/Guardian: _____

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