



# Integrative Physical Therapy, LLC

2351 Boston Post Rd, Unit 204

Guilford, CT 06437

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## PARTICIPANT RELEASE

I understand that there are risks associated with the use of the office and pool space for Physical Therapy and wellness classes. I am aware of these risks and agree that my participation in Physical Therapy and/or Wellness/Fitness classes is at my own risk. I hereby release Integrative Physical Therapy LLC, its employees and agents from any and all liability connected to my participation in the activities of the therapeutic pool program at the Valley Shore YMCA and the therapeutic programs at 2351 Boston Post Rd. Unit 204, Guilford,CT.

I fully understand the rules and regulations of the office and pool, and will abide by them completely, realizing that the Integrative Physical Therapy staff is here for the safety and well being of the patient. I agree to cooperate fully with any request the staff may make of me individually or as part of a group.

Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact \_\_\_\_\_

Emergency phone \_\_\_\_\_

Witness: \_\_\_\_\_

