

**Magnolia Physical Therapy and Aquatic Rehab Center**

**REPRESENTATION, RELEASE, AND AGREEMENT**

(PLEASE READ CAREFULLY AND SIGN BELOW)

I, \_\_\_\_\_, fully understanding that the programs and exercises of the Magnolia Physical Therapy and Aquatic Rehab Center Program require moderate physical activity, hereby represent and acknowledge that my physical condition permits me to participate in the programs and exercises. I further acknowledge that I have been advised that at any time I am having physical difficulty; I will immediately inform the Physical Therapist or Class Instructors and will \_\_\_\_\_. I have volunteered to participate in this program and accept the responsibility. I understand that the possibility of exercise injuries or disorders does exist. I acknowledge and accept those risks.

I further realize that I will not be accepted for participation in the program if the Physical Therapist or Instructors determines my condition is not appropriate and my participation would be dangerous to my health.

I also release and discharge on my behalf of myself, my heirs, assigns and successor in interest, all officers, directors, agents, and employees and other representatives of Magnolia Physical Therapy and Aquatic Rehab Center Program activities and the use of any of its exercises, procedures, or other results attained therefrom.

\_\_\_\_\_  
Participant Name - Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name - Signature

\_\_\_\_\_  
Witness Name - Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name - Signature