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CONSENT FOR PARTICIPATION / INFORMED CONSENT WAIVER

LEAPS AND BOUNDS PHYSICAL THERAPY AND OCCUPATIONAL THERAPY, PLLC provides a specialized intensive exercise program for adults and children with developmental, neurological, sensory, mental, orthopedic, and other types of disabilities. As one might expect, there is some element of risk involved with any physical activity/exercise, intense exercise program, and the use of all exercise equipment including, but not limited to the TheraSuit™ & the Universal Exercise Unit. Although the risk is greatly reduced with the use of safety equipment, proper supervision, training and skilled trainers, there still remains the risk of injury during participation in activities.

Therefore, it is necessary to get your permission to allow

_____ (Print Patient's Name)
to participate in the exercise program provided by the LEAPS AND BOUNDS PHYSICAL THERAPY AND OCCUPATIONAL THERAPY, PLLC

I, _____ (Patient or Parent/Guardian)
hereby release LEAPS AND BOUNDS PHYSICAL THERAPY AND OCCUPATIONAL THERAPY, PLLC owners & employees from any liability, claims, demands, & causes of action, now or in the future, resulting from soreness or injury however caused, occurring during or after my child's participation in the exercise program.

In signing this Consent for Participation/Informed Consent Waiver, I hereby affirm that I have fully read the above statements & understand the inherent risks involved with participation in the LEAPS AND BOUNDS PHYSICAL THERAPY AND OCCUPATIONAL THERAPY, PLLC exercise program and *agree / give permission for my child* to participate. I have been informed of risks and complications that may occur and alternatives that may be available. I acknowledge that no guarantees or assurances have been made to me / my child concerning the results intended from the treatment.

In signing this document I hereby affirm that I have read and fully understand above statements.

Parent or Guardian Signature: _____ Date: _____

Patient Signature: _____ Date: _____

Signer's Name: _____

Address: _____

Phone #: _____