



Waiver of Liability for Gym Use

I/We hereby understand and acknowledge that the gym access, pool access, modality room access, training, programs, and events held by Northern Arizona Physical Therapy Associates, PLLC may expose me to the many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, drowning and/or hypoxic injury from pool use, physical injuries from training, and the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in the communicating any physical and/or psychological concerns that might conflict with participation the above listed activity. I/We acknowledge that I am physically and mentally capable of performing the physical activity that I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Northern Arizona Physical Therapy Associates, PLLC furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE NORTHERN ARIZONA PHYSICAL THERAPY ASSOCIATES, PLLC, ITS OFFICERS, AGENTS, EMPLOYEES, ORGANIZERS, REPRESENTATIVES, AND SUCCESSORS FROM ANY RESPONSIBILITIES, LIABILITIES, DEMANDS, OR CLAIMS OF ANY KIND** arising out of my participation in the Northern Arizona Physical Therapy Associates, PLLC training, programs, and/or events.

By my signature I/We indicate that I/We have read and understand this **Waiver of Liability**. I am aware that this is a **Waiver and Release of Liability** and I voluntarily agree to its terms. I agree that my signature below will seek as **Waiver of Liability** for the following locations:

Northern Arizona Physical Therapy Associates

Kingman Location

2404 N Stockton Hill Road, Suite K
Kingman, AZ 86401

Northern Arizona Physical Therapy Associates

Bullhead City Location

3003 HWY 95, #61
Bullhead City, AZ 86442

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

I represent that I have legal capacity and authorize to act on behalf of the minor or individual named herein:

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____