

Release of Liability & Assumption of Risk

Prescribing the right therapy and treatment is not an exact science. We will work with you to find the appropriate level of activity and treatment to meet your personal fitness goals and health expectations. Physical exercise and manual bodywork/ joint manipulation may involve some risk. The potential and known risks include but are not limited to: muscle and connective tissue tears, tension, spasm, pain, swelling, bruising, discomfort, skeletal tissue fractures, joint compression, excessive range of motion, back pain, cardiac conditions, high blood pressure, elevated heart rate, blood pooling, chills, breathing problems, shortness of breath, stress induced asthma, overheating, seizure, stress induced incontinence, inter-abdominal pressure, nausea, dizziness, blackout, headache, low blood sugar, and dehydration. Any existing known and unknown injuries or conditions may be exacerbated.

I, _____ (write) do hereby acknowledge and understand that I choose to participate in supervised physical activity under strenuous conditions which are necessary to promote the desired health benefits typical of such activity and treatment. I understand that supervision is not a guarantee against injury, physical risk, harm, or complications arising from injury. Medical clearance from your managing health care provider or managing physician does not guarantee absence of risk or harm. If I am a patient, I expect and am entitled to a Review of Findings regarding my complaint.

I, _____ (write) choose to independently participate at safe and appropriate levels of activity that have been clearly demonstrated by a licensed trainer, doctor or therapist. I understand that demonstration is for my own protection as it can dramatically reduce incidence of injury and harm and will promote expected prescribed outcomes. Any variance from specific form or levels is my personal choice whereas I assume all risk that may be incurred.

I, _____ (write) choose to participate with any and all diagnosed and undiagnosed, undisclosed and disclosed physical impairments, restrictions, limitations and conditions. Any effects from professionally or self-prescribed medications or supplements, including effects of glycemic and hydrated state, are my own responsibility. I choose to report any changes in my current health condition, or effects of new or discontinued medication, whether known or speculated. I choose to participate with the understanding that any and all activities and professionally designed programs and therapies are developed to elicit the particular beneficial physical and metabolic responses desired. The levels of strain and pressure required may and do cause reasonable physical stresses upon the muscular, skeletal, vascular, and cardiac tissues, which is typically required to promote beneficial health conditioning. Additionally, there may be and are discomforts felt or perceived which may or do represent real health concerns, whereas I am responsible for ongoing care.

I, _____ (write) agree to participate at my own risk and I agree to hold SpineSync harmless for any and all claims, damages, or causes of action arising from my voluntary participation in these activities.

Patient: _____ (Sign) Date _____

Minor/dependent: _____ Relation: _____