



Registration Form

Waiver / Liability Release

All services are non-refundable / non-transferrable and are subject to EXPIRATION DATE

Today's Date:	Family Doctor:	Specialist:
Patient's Name:	Address:	
Birth Date:	Emergency Contact	
Phone Number:	Name:	
Cell Number:	Phone Number:	
Email:	Relationship to Patient:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Security #:	School: Team: Coach: Grade:	
Medical History:		

If Patient Is A Minor

Father's Name:	DOB:	Phone:
Mother's Name:	DOB:	Phone:

Waiver Statement (Must Be Signed to Participate)

I recognize that injury may be sustained because of the potentially hazardous nature of this activity. In the event of such injury to myself or my child, if or when my spouse or I cannot be contacted I give permission to MRPT staff to make medical decisions either to provide first aid treatment, provide physical therapy or call EMS as would be normal, and I agree to pay the usual charge for such treatment. I agree to abide by all facility and equipment rules, regulations, and standards of conduct. I also understand that Mountain River Physical Therapy LLC reserves the right to remove patrons who do not obey the rules, regulations, and standards of conduct. I now release Mountain River Physical Therapy LLC, its employees, agents, and assigns from any and all claims, causes of action suits, and related rights for himself/herself, his/her estate, his/her heirs; administrators, executors, etc. for any and all injuries, illnesses, and damages sustained as a result of participation at Mountain River Physical Therapy LLC. This release applies to any present or future injuries and it binds my heirs, executors, and administrators. I understand that participants may be videotaped or photographed during this activity. I release the rights of those video tapes and photographs to Mountain River Physical Therapy LLC. I have read this release and all of its terms. I sign it voluntarily and with full knowledge of its significance. This agreement shall become effective as the date signed below.

Signed—Participant or Parent/Legal Guardian (if under age 18)

Date