



Athletic Enhancement Program Consent and Waiver

I am aware that I am engaging in physical exercise and that the use of exercise equipment, club facilities, training, and instruction could cause injury to me. I am voluntarily participating in these activities and assume all risks of injury that may result. I agree to waive, hold harmless, and release any and all claims or rights I might otherwise have to sue Excel Physical Therapy and Sports Medicine Clinic, PC, its owners, officers, employees, or agents for injury to me as a result of these activities or as a result of the negligent act or omission on the part of Excel Physical Therapy and Sports Medicine Clinic, PC, its owners, officers, employees, or agents. I have carefully read this waiver which states that I assume all risks of injury. I have hereby been advised that I should consult a physician prior to undertaking any physical exercise program.

Printed Name: _____

Signature: _____ Date: _____

Printed Name of Guardian (if participant is under 18 years old): _____

Signature of guardian: _____ Date: _____