

Duffy & Bracken Physical Therapy P.C. Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

How did you hear about Duffy & Bracken? _____

Method of Payment (Circle One): Visa, MasterCard, American Express, Check (Payable to Duffy & Bracken, Physical Therapy.), gift certificate.

Total Number of Classes Registered For: _____ Total Amount

Paid: _____

Credit Card #: _____

Expiration _____

Date: _____ Signature: _____

Assumption of Risk and

Release of Liability Agreement

I, the undersigned, assume all responsibility for and all risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of Duffy & Bracken Physical Therapy P.C.. In consideration of and as part of payment for the right to participate as a client of Duffy & Bracken Physical Therapy P.C, I will hold harmless and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against Duffy & Bracken Physical Therapy P.C, its owners, employees, and agents for any and all injuries resulting from or arising out of, or incident to, my use of a Duffy & Bracken Physical Therapy P.C, studio, or facilities and equipment in such place, or as a result of, or incident to, engaging in Duffy & Bracken Physical Therapy P.C, exercises or otherwise following Duffy & Bracken Physical Therapy P.C instructions anywhere. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family. I have read, understand, and signed the foregoing assumption of risk and release of liability agreement.

Print

Name: _____

Signature: _____

Date: _____

Signature of Parent/Guardian (if less than 18 years old):

_____ Date: _____

Witness: _____

Date: _____