

Coach Joe's Fitness Classes

An Affiliation of Stanwood Camano Physical Therapy

Training Client Intake & Waiver

Name: _____ Date: _____
First Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____ Date of Birth: ____/____/____ Sex: M F

Emergency Contact Name: _____ Phone: _____

Recent Surgeries, Injuries or Illnesses: _____

1. I, _____ (name of participant), acknowledge that I have voluntarily elected to participate in Stanwood-Camano Physical Therapy training exercise routines operated by Stanwood-Camano Physical Therapy.
2. I am aware that participation in the routines will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that there are possible risks involved. I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines.
3. (If the participant is a minor) I, the parent/legal guardian of the participant hereby grants permission to the employees and/or representatives of Stanwood-Camano Physical Therapy to authorize and obtain medical care for the participant from any licensed physician, hospital, or medical clinic should the participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment.
4. I have carefully read this agreement before executing it and acknowledge that I am signing this agreement voluntarily and with the full intent of releasing Stanwood-Camano Physical Therapy from any and all claims arising as a result of my participation in the routines.
5. I hereby grant Stanwood-Camano Physical Therapy permission to use my likeness in any and all of its publications and in any and all other media, whether known or hereafter existing, controlled by Stanwood-Camano Physical Therapy, in perpetuity, and for other uses by Stanwood-Camano Physical Therapy. I will make no monetary or other claim against Stanwood-Camano Physical Therapy for the use of my likeness.

Executed at Stanwood, Washington, on (date): _____

Signature of Participant or, if applicable, Parent or Legal Guardian: _____