



Dishon Healthcare Solutions, LLC

## Waiver and Release of Liability

**In agreeing to receive care provided by Dishon Healthcare Solutions LLC (“DHS”) and to use the facilities provided therefore by DHS located at \_\_\_\_\_ I agree as follows:**

I fully understand and acknowledge that (a) the activities in which I will engage and any and all treatments, stretches, adjustments and/or home exercise I will receive and/or have recommended to the undersigned as part of the treatment program provided by DHS and the physical therapy activities and equipment I may use as a part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives and/or employees and/or independent contractors of DHS, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence and/or the conduct of the representatives, employees, agents, servants, independent contractors, etc. of DHS, or by any other person.

I hereby certify that I have consulted with my primary care physician and/or other specialty medical provider before arriving at DHS and am in good physical health sufficient to participate in the aforementioned physical therapy treatments.

I, on behalf of myself, my personal representatives and my heirs, successors and assigns, hereby voluntarily agree to forever release, waive, discharge, hold harmless, defend, and indemnify DHS and its representatives, employees, agents, servants, independent contractors and assigns from any and all claims, actions and/or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees and/or independent contractors of DHS.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE DISHON HEALTHCARE SOLUTIONS LLC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_