



ProActFit, LLC
Physical Therapy & Wellness
Strength and Conditioning

Wavier of Responsibility / Legal Consent Form

I, _____ hereby agree to participate in physical therapy services with ProActFit, LLC. I will hold harmless and make no claim of any description in including claims, actions, suits, procedures, costs, expenses, damages and liabilities against ProActFit, LLC, its members, officers and / or operators for any loss or damages suffered in the course of my participation in physical therapy or personal fitness training sessions at any location.

I further understand that this release will be binding upon myself, my estate, heirs, representatives and assigns. I further confirm that I understand that personal training and physical therapy activities involve physical activity and I am in good physical health and do not suffer from any heart condition or other ailment or physical disability that would inhibit my participation or place me in undue health or injury. If I currently have any medical condition, physical injury, disability or am currently pregnant or taking prescription drugs, I have notified the professionals working under ProActFit, LLC of such ailments / conditions.

Additionally, I fully understand that ProActFit, LLC has taken all precautions and reasonable steps to minimize risks to all participants but is unable to completely guarantee that no injury will come to me since events are conducted outdoors in gyms, treatment rooms, or outside in the public, parks, beaches, or various other uneven surfaces or at a common meeting place or home where there always remains a possibility of a slip on rough ground, fall over unforeseen obstacles or the occurrence of some other unforeseen accident.

I understand that payment to ProActFit, LLC is my responsibility. I also understand that ProActFit, LLC is not an insurance provider for any claims and that I must inquire with my insurance company if I am eligible for self claim reimbursement for Out of Network Physical Therapy Services.

I agree to show up and participate in my scheduled treatments with ProActFit, LLC and that I must give 24 hours notice to cancel an appointment or it may count as a no show or missed appointment. I understand that after three cancellations / no shows (with less than 24 hours notice) to my scheduled appointment time(s) will result in being charged for those treatment times.

I have read this wavier of responsibility / legal consent form carefully and I understand that by signing this form I am agreeing on behalf of myself, my estate, my heirs, representatives and assigns not to sue or seek other legal actions against ProActFit, LLC or against ProActFit, LLC Physical Therapy, Micolene K Boddie, contractors or sub contractors for ProActFit, LLC or any of the insurers of the aforementioned parties for any loss and / or damages suffered in the course of my participation in physical therapy or fitness / wellness activities.

Patient or Guardian - Full Legal Name (PRINT)

DATE

Patient or Guardian - Full Legal Name (Signature)

DATE