

ASSUMPTION OF RISK AND RELEASE

I hereby certify that I have received written permission from my doctor, a certified medical practitioner in the State of Hawaii, to participate in the physical therapy program provided by Moon Physical Therapy, LLC.

I also hereby acknowledge the inherent danger and risks involved in my participation in physical therapy, cardiopulmonary, aquatic therapy and any of the recreation programs provided by Moon Physical Therapy, LLC. By signature below, I warrant that during the entire time I participate in these programs, I will be covered by my own expense for all activities related to or arising out of such participation by a private medical and liability insurance policy.

Understanding the above, I hereby agree that I assume all risks and responsibilities involved in participating in physical therapy, cardiopulmonary, aquatic therapy and the recreational programs offered through Moon Physical Therapy, LLC, and waive, release and for forever discharge Moon Physical Therapy, LLC, their owners, directors, officers, employees, agents, and any person acting on their behalf, from any and all claims, demands, liability, and damages relating to, arising out of, or resulting from my participation in physical therapy, cardiopulmonary, aquatic therapy or recreational programs at Moon Physical Therapy, LLC.

I also agree to indemnify, defend and hold harmless Moon Physical Therapy, LLC, their, owners, directors, officers, employees, agents, or any person acting on their behalf, from any and all claims, demands, damages, and liabilities, including but not limited to claims for personal injury, death, and property damage, by whomsoever brought, relating to, arising out of or resulting from my participation in physical therapy, cardiopulmonary, aquatic therapy and the recreational programs provided by Moon Physical Therapy, LLC, except for any loss, liability, injury, or damage caused solely by Moon Physical Therapy, LLC, their owners, directors, officers, employees, agents, or any person acting on their behalf. I also agree to reimburse Moon Physical Therapy, LLC for each of their attorney's fees, costs and expenses in connection with the defense of any such claim or demand.

Patient Signature

Date

Printed Name

Parent or Guardian Signature

(If Participant is under 18 years of age or otherwise unable to sign for self)

Date