

## WAIVER of LIABILITY & HEALTH HISTORY

### For Jan Jackson, PT & JJPT, LLC

I tailor an exercise/therapy program for each client's individual circumstances. Because of this, it is important that I know about your significant physical limitations and health issues. Please provide the following information: (Use the back of the paper if more room is needed.)

1. Do you have any significant cardiovascular (heart), pulmonary (lungs/ breathing) or other health conditions that might interfere with your ability to exercise strenuously? If yes, please list them so we can discuss how best to accommodate them.

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2. Do you have any significant orthopedic (e.g. arms, legs, joints, spine) or neurologic (nerves, nervous system, altered sensation) conditions that I need to accommodate during our sessions? This includes chronic or acute aches and pains, prior surgeries, prior physical therapy, etc.

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3. Do you engage in regular exercise? If so, briefly describe.

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My programs are a combination of rehab based Pilates, therapy and conditioning (involving endurance, coordination and balance). They include physical exertion and stretching. As with any physical activity, there is always a risk of injury and even death. Although unlikely, these can occur during our sessions as a result of medical infirmities, over exertion, equipment malfunction, failure to follow instructions, inattention and a variety of other factors too numerous to list. Physical exertion may cause some degree of discomfort, both immediate and lingering, especially if you are deconditioned or have orthopedic limitations.

In consideration for me agreeing to accept you as my client, you hereby agree to assume all risks associated with participating in sessions with me, and you agree not to assert any claim against Jan Jackson PT, JJPT LLC or Jan Jackson (homeowner) for physical or mental/emotional injuries or death, including claims based negligence or the malfunction or failure of any equipment, apparatus training aid or any condition in my studio or property.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

**By my signature I indicate that I have read and understand this Waiver of Liability.**

I am aware that this is a waiver and a full release of liability and I voluntarily agree to its terms.

\_\_\_\_\_ Client Name and date

\_\_\_\_\_ Jan Jackson PT and JJPT, LLC