



## Client Registration Information:

_____			_____	
First Name:		Last:	Emergency Contact Name:	
_____			_____	
Address:	Street	Apartment #	Emergency Contact Phone #:	
_____			_____	
City	State	Zip Code	Client/Parent Email	
_____			_____	

Date of Birth \_\_\_\_\_

## Release and Waiver/Indemnification and Media Release:

In consideration of being allowed to participate in Personal Training, Sports Performance, or any fitness related activities at Pritchette Physical Therapy, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from fitness related activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of my strength coach immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Pritchette Physical Therapy, Inc. and their employees, other participants, sponsoring agencies, sponsors, advisers, and if applicable, owners and lessors of premises used to conduct fitness related activities ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. I permit Pritchette Physical Therapy, Inc. to freely use pictures and video taken during fitness activities to be used for marketing and multi-media related purposes.

Client/Athlete's Name (please print): \_\_\_\_\_

Signature of Client/Athlete (Parent/ Legal Guardian if athlete is under the age of 18): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Legal Guardian's Printed Name (If Applicable): \_\_\_\_\_