

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Leslie Rawlings LCSW-R, CASAC, MTS and that it will govern my actions and responsibilities at said physical therapy appointments.

In consideration of my participation in these therapy appointments I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE Leslie Rawlings LCSW-R, CASAC, MTS from any and all liability, including but not limited to, liability arising from any incident outside the premises occupied by Leslie Rawlings LCSW-R, CASAC, MTS due to negligence or fault of the Building Owners for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity.

I acknowledge that Leslie Rawlings LCSW-R, CASAC, MTS is NOT responsible for the negligence or fault of the Building Owners.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name
(Please print legibly)

Participant's Signature

Date

Parent's signature if under 18 years of age:

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/ Guardian Signature

Date