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Case #: _____
 Date: _____

Revised 8/24/17

Fitness Intake Form

Patient Name _____ DOB _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email Address _____

Emergency Contact Information

Name of person to contact _____ Relationship _____
 Address _____ Phone _____

Health & Fitness Liability Waiver/Informed Consent Form

"I have enrolled in a fitness program offered through Arrowhead Physical Therapy. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by Arrowhead Physical Therapy."

"In consideration of my participation in this program, I hereby release Arrowhead Physical Therapy and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Arrowhead Physical Therapy and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Client Name (Please Print): _____ Date: _____
 Signature of Client or Legal Representative: _____
 Relationship to Client: _____